DOCUMENT RESUME

ED 186 772 CE 025 449

TITLE	Continuing Education in Nursing: A Selected Bibliography. Nurse Planning Information Series, 13.
INSTITUTION	Franklin Research Center, Philadelphia, Pa.
SPONS AGENCY	Public Health Service (DHEW), Arlington, Va. Div. of Nursing.
REPORT NO	DHEW-HRA-80-31
PUB DATE	Mar 80
CONTRACT	232-78-0090
NOTE	203p.
AVAILABLE FROM	National Technical Information Service, 5285 Port Royal Rd., Springfield, VA 22161
EDRS PRICE	MF01/PC09 Plus Postage.
DESCRIPTORS	Annotated Bibliographies; *Curriculum; *Delivery Systems; Educational Planning; *Educational Resources; Educational Trends; *Evaluation; Needs Assessment; *Nursing; *Professional Continuing Education; Program Development

ABSTRACT

Publications cited in this bibliography on continuing education in nursing include books, journal articles, government reports, research reports, and other bibliographies. These references and their abstracts are grouped under the following subject categories: assessment of needs and resources; local, state, and regional planning; trends and issues; curriculum models and specialty areas; delivery techniques; and evaluation. Entries in each section are arranged alphabetically by authors' names or by title if there is no specific author. Each citation includes the title of the publication, the reference source or publisher, and an abstract when available. An author index is also included. (BM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED186772

Continuing Education in Nursing: A Selected Bibliography

Nurse Planning Information Series, 13.

Developed under Contract No.
HRA 232-78-0090

The Franklin Research Center
Philadelphia, Pennsylvania

March 1980

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

U.S. Department of Health, Education, and Welfare
Public Health Service
Health Resources Administration
Bureau of Health Manpower
Division of Nursing
Hyattsville, Maryland 20782

DHEW Publication No. HRA 80-31
HRP-0501401

CE 025 449

JUL 3 1980

The Nurse Planning Information Series, sponsored by the Division of Nursing in the Bureau of Health Manpower, has been designated as a special series to support health manpower planning and specifically to meet the information needs of the nursing component of the National Health Planning Information Center.

Three other series published by the Center are Health Planning Methods and Technology, Health Planning Information, and Health Planning Bibliography. All of these were designed to respond to information needs of the Bureau of Health Planning.

The documents included in all series are being added to the Center's data files and will be made available from the National Technical Information Service, 5285 Port Royal Road, Springfield, Virginia 22161. A listing of titles of these publications can be obtained from the National Health Planning Information Center.

The volumes in the Nurse Planning Information Series are:

No. 1 Accountability: Its Meaning and Its Relevance to the Health Care Field

No. 2 Nursing Involvement in the Health Planning Process

No. 3 The Problem-Oriented System: A Literature Review

No. 4 Patient Classification System: A Literature Review

No. 5 Nurse Practitioners and the Expanded Role of the Nurse: A Bibliography

No. 6 Comparative Analysis of Four Manpower Nursing Requirements Models

No. 7 Nursing-Related Data Sources: 1979 Edition

No. 8 Relationship Between Nursing Education and Performance: A Critical Review

No. 9 Nurse Staffing Requirements and Related Topics: A Selected Bibliography

No. 10 Home Health Care Programs: A Selected Bibliography

No. 11 Community Health Nursing Models: A Selected Bibliography

No. 12 Quality Assurance in Nursing: A Selected Bibliography

FOREWORD

Continuing education in nursing assumed new dimensions during the seventies. The scope of activities designed to enhance nursing practice was expanded. A trend to assure the competency of the practicing nurse can be seen in much of the nursing literature of the period. The controversial issue of mandatory versus voluntary continuing education was resolved by some States through legislation requiring nurses to show proof of continuing education to gain relicensure. These and other related developments contributed to a proliferation of published literature. This selected bibliography of recent literature was compiled as a reference tool for the nursing community.

This volume is the thirteenth in the Nurse Planning Information Series which is composed of selected monographs and bibliographies relevant to health planning. Previously published volumes are listed on the inside of the front cover.

The nursing component of the National Health Planning Information Center provides health planners with a centralized, comprehensive source of information on nurse manpower planning to facilitate an improved health care delivery system in the United States. The component acquires, screens, synthesizes, disseminates, and makes available specialized documentary material on nursing, as well as methodological information on a wide variety of topics relevant to health planning and resources development.

Elinor D. Stanford
Acting Director
Division of Nursing

ACKNOWLEDGMENTS

The idea for this publication was generated by Lois Federico, R.N., M.S., formerly Nurse Consultant with the Division of Nursing. Her interest in a compilation of recent literature dealing with continuing education resulted from experience with special project grants and contracts in this field. Virginia K. Saba, R.N., M.S., Nurse Consultant, Division of Nursing, Bureau of Health Manpower, Health Resources Administration, DHHS, provided general guidance in development of this publication. Mary S. Hill, R.N., Ph.D., Chief, Nursing Education Branch, Division of Nursing, and Anastasia P. Buchanan, R.N., M.S., Nurse Consultant, Division of Nursing, served as technical reviewers, developed the categorization, and wrote the introduction for the bibliography.

CONTENTS

FOREWORD iii

ACKNOWLEDGMENTS iv

INTRODUCTION vii

I. ASSESSMENT OF NEEDS AND RESOURCES 1

II. LOCAL, STATE, AND REGIONAL PLANNING 21

III. TRENDS AND ISSUES 67

IV. CURRICULUM MODELS - SPECIALTY AREAS 113

V. DELIVERY TECHNIQUES 153

VI. EVALUATION 169

AUTHOR INDEX 191

INTRODUCTION

Continuing education is an integral part of professional nursing. It is the vital link to the many factors impacting on the provision of safe, adequate, and competent nursing care. New knowledge, technological advances, social changes, and public demand for more and better health service require that nurses continually refine, revise, and restudy the skills and knowledge acquired in basic nursing education programs. A life-time career in nursing therefore requires participation in continuing education.

The field of continuing education in nursing has been given more attention in the past two decades than ever before. A system is developing which includes a variety of activities at local, regional, and national levels. These activities deal with planning, structure, organization, management, leadership, process, implementation, evaluation, and outcome to name a few. The system is complex and its parts varied. It incorporates existing and evolving adult learning theories as well as varied methods, techniques, and strategies to help nurses meet their educational needs. Many different entities, such as colleges, hospitals, health agencies, professional organizations, profit-making groups, and Government agencies are involved in providing or supporting continuing education offerings for nurses. Inservice training, staff development, correspondence courses, refresher courses, workshops, conferences, institutes, telelectures, and many other methods are used to assist nurses dealing with the growing body of knowledge that enhances the skills needed for modern nursing practice.

These developments have been accompanied by a proliferation of published literature. This annotated bibliography has been compiled to assist nurses and others interested in the field, including educators, administrators, researchers, and health planners, in the review of literature published in the United States primarily between 1968 and 1978. The bibliography gives an indication of the dynamic character of the continuing education system in nursing -- its problems as well as its progress. It helps to identify and explain where progress has been slow. It points up areas where research is needed. For example, more data is needed in regard to the effectiveness of continuing education as it relates to the behavioral and attitudinal changes required by nursing practice. Research is also needed to develop methods for determining the cost effectiveness of continuing education programs in nursing. The bibliography provides information about the communication systems that have been developed in continuing education for planning and implementation, but also shows that new approaches are needed. The bibliography demonstrates that

although continuing education may facilitate the way to competency, it cannot be equated with competency. Persons involved in continuing education in nursing are continuously challenged by the responsibility to prove that life-long learning in nursing has a positive effect on the quality of patient care. As more information is shared about this rapidly expanding field of continuing education and as more nurses become participants, the effect of continuing education will become more closely aligned with the quality of nursing care.

Format of the Bibliography

Publications cited in the bibliography include books, journal articles, Government and other research reports, and bibliographies. References are categorized according to major subject content. However, the categories are not mutually exclusive, and many references can be used for more than one purpose.

The references and their abstracts are grouped as follows:

I. Assessment of Needs and Resources
II. Local, State, and Regional Planning
III. Trends and Issues
IV. Curriculum Models - Specialty Areas
V. Delivery Techniques
VI. Evaluation

Section I, Assessment of Needs and Resources, includes references to attitude and preference surveys, participation studies, and methods used to determine needs and resources. Section II, Local, State, and Regional Planning, offers descriptions of efforts to organize, investigate, plan, and coordinate continuing education. General organizational models and methodologies are included. Section III, Trends and Issues, covers the major developments and issues in continuing education in nursing and literature of an all-inclusive nature. Such topics as certification, accreditation, credentialing, competency, leadership, and licensure have been grouped here. Section IV, Curriculum Models - Specialty Areas, provides reference materials to programs for special groups or in specific clinical areas such as long-term care, critical care, psychiatry, and rehabilitation, to mention only a few. Section V, Delivery Techniques, includes reference materials to methodologies used in conducting continuing education programs. Programs using television, telephone, computers, programmed instruction, independent study, and other methodologies are described. Section VI, Evaluation, includes program evaluation techniques and references on the cost of continuing education.

Entries in each section are arranged alphabetically by authors' names (personal and/or corporate) or by title if there is no specific author. Following the author's name, each citation includes the title of the publication and the reference source or publisher.

Abstracts have been included when available. Those written by the National Health Planning Information Center are unsigned; for abstracts written by the author or by information clearinghouses other than the Center, the source appears in parentheses at the end of the abstract.

An author index follows the bibliographic reference sections.

How to Obtain Documents

All citations, whether of published or unpublished documents, contain source availability information. For each reference, the information is noted in the citation after the document title.

The availability source for articles published in journals and other periodicals is the name of the journal noted after the statement "Pub. in . . ." Issue information (volume, number, etc.) and page numbers are included. To obtain copies of the journal articles cited, consult a local university librarian or contact the librarian in your Regional Medical Library, where many of the journals can be found.

The availability source for nonperiodicals is the name of the individual, agency, or organization noted after the statement "Available from . . ." Contact the specified source directly for additional information, such as the price of the document. For information on the price of a document listed as available from the National Technical Information Service (NTIS), write to the address listed below (please do not telephone). Include the order number of the referenced document as indicated in its citation. Do not contact the National Health Planning Information Center or the Division of Nursing for a copy of the referenced document, unless they are indicated in the availability statement.

Questions concerning the development of this bibliography should be addressed to:

Virginia K. Saba
Nurse Consultant
Division of Nursing
Bureau of Health Manpower
Health Resources Administration, PHS, DHHS
3700 East-West Highway
Hyattsville, Maryland 20782

Additional copies of this bibliography may be obtained from:

National Technical Information Service
U.S. Department of Commerce
5285 Port Royal Road
Springfield, Virginia 22161

I. ASSESSMENT OF NEEDS AND RESOURCES

1. Abruzzese Roberta Straessle.
Continuing Education Needs of Directors of Hospital Nursing Inservice Education in New York State.
146p 1975 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 75-20182.

2. Adams Alice E.
Connecticut Univ., Storrs. School of Nursing.
Continuing Education in State Universities.
Pub. in Nursing Outlook v24 n5 p294-297 May 76.

The financial plight of continuing education in nursing at the University of Connecticut Storrs, Conn., and other State-supported schools is examined. A December 1974 survey of 100 State University and college schools of nursing (76 responses) revealed that 37 schools had full-time continning education programs, 22 had part-time programs, and 19 were developing full-time programs. The schools were asked about how they deal with not being able to use State-employed faculty for evening or weekend continuing education classes. The alternatives include bringing in instructors from out of State, trying to find instructors locally, and asking State Employees to donate their time. In the past State employees have been generous in contributing their time. However, the increasing demands of continuing education make it unfair not to pay instructors. Although some State schools still prohibit payment for faculty participation in continuing education, these schools are outnumbered by those that permit payment. In most schools, the school of nursing underwrites the salary of the continuing education program director and at least part of the program's administrative costs. Most programs are organized under the school of nursing, but two-thirds have separate budgest. Cuts in Federal and State budgets mean that, if nurses wish to see continuing education expand, they must be prepared to pay considerably increased fees for participation. Tabular data are included.

3. Austin Eileen Kay.
Continuing Education Needs Assessment of Teachers in Associate Degree Nursing Programs in Florida.
85p 1976 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 77-16995.

4. Bailey Kathryn E; Pecuch Monica M.
Illinois Implementation Commission on Nursing, Chicago.
Continuing Education for Nurses in Illinois -- An Assessment and a Plan, 1977 on.
36p Jun 77 Available NTIS HRP-0019528

The Illinois Implementation Commission on Nursing was charged with constructing and implementing a State-wide plan for systematizing continuing education for nurses. Assessments of the needs, resources, and offerings throughout the State, conducted in 1976, clearly indicated that particular attention should be given to problems related to the relevance, quality and accessibility of, and communication about, the continuing education offerings. The plan developed by the Commission calls for and emphasizes local or area initiative through councils whose members will engage in collaborative efforts to meet identified area needs. The plan also calls for a broadly representative, State-wide coordinating council, which will be closely linked with the area councils on continuing education by virtue of its membership and through the communication network, which will be established. The purpose of the area councils for continuing education is to establish and maintain an area-wide system for coordination and planning, which assures that opportunities for continuing education in nursing are adequate, known about, and accessible to all nurses in the area. Guidelines for the State coordinating council and for the area councils are included. The primary conclusions and recommendations are summarized. A summary report of the findings of the 1976 assessments of needs, resources, and offerings for continuing education is also included.

5. Bille Donald A.
Successful Educational Programming -- Increasing Learner Motivation Through Involvement.
Pub. in Jnl. of Nursing Administration v9 n5 p36-42 May 79.

6. Burgess Gloria Ruth.
Self-Esteem, Career Aspiration, and Selected Biographical

Variables in Nurse Participants of Continuing Education. 158p 1975 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 75-26230.

7. Chase Beatrice A.
Columbia Univ., New York. Teachers Coll.
Self-Assessment of Learning Needs of Hospital Nursing Service Administrators.
134p 1975 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

A study was conducted to categorize learning needs for continuing education, as perceived by nursing service administrators. Thirty-six learning need items inferred from ANA (American Nurses' Association) Standards for Nursing Services were incorporated in a questionnaire. Nursing service administrators employed in New York State hospitals having over 100 beds were considered for inclusion in the study sample. Of 137 questionnaires mailed in April, 1975, 102 were returned. Responses were keypunched for data analysis using the Statistical Package for the Social Sciences. Frequency distribution, percentage, and chi square techniques were employed to analyze the responses. Eleven learning needs for continuing education were identified and were organized according to seven broad categories: responsibility and authority, research, trends, personnel policies, budget, utilization, and evaluation. There were no significant differences in the identification of learning needs in terms of the total years of experience as a nursing service administrator, highest earned credential, and hospital size. It appeared that education had the greatest influence on the perception of learning needs. Recommendations for the improvement of continuing education are offered. A bibliography is provided. Appendixes contain the study questionnaire and supporting tabular data.

8. Clark Kathleen M; Dickinson Gary.
British Columbia Univ., Vancouver. Dept. of Adult Education.
Self-Directed and Other-Directed Continuing Education: A Study of Nurses' Participation.
Pub. in Jnl. of Continuing Education in Nursing v7 n4 p16-24 Jul-Aug 76.

A survey of registered nurses employed in general hospitals in Vancouver, British Columbia, Canada, was undertaken to assess their involvement and perceptions of continuing education activities. Usable responses to a

questionnaire were received from 220 of a random sample of 250 nurses. The questionnaire elicited information on the nurses' participation in continuing education, their reasons for participating, their attitudes toward continuing education, and their socioeconomic characteristics. The survey was concerned with involvement both in conventional educational programs (courses, workshops, etc.) and in self-planned, self-managed activities, such as reading. All of the nurses participated in some form of continuing education. More nurses engaged in self-directed activities than in group-oriented programs. The nurses' reasons for participating in continuing education were oriented either to learning, to goals (occupational, professional, or societal), or to activity (e.g., relief from boredom). Most nurses had positive attitudes toward continuing education that correlated positively with level of participation. Although participation in continuing education was related to certain socioeconomic variables (number of preschool children, employment status, position, education), motivational and attitudinal characteristics were better predictors of participation. Supporting data are included. Implications of findings are discussed.

9. Cooper Signe Skott.
Faculty Preparation for Continuing Nursing Education.
Pub. in Jnl. of Continuing Education in Nursing v3 n3 p12-18 May-Jun 72.

10. Copp Laurel Archer.
Veterans Administration, Washington, D.C. Div. of Nursing Research and Development.
Inservice Education Copes with Resistance to Change.
Pub. in Jnl. of Continuing Education in Nursing v6 n2 p19-27 Mar-Apr 75.

The process of change is analyzed, and a method for examining resistance to change among nursing staff members is described. Staff members as participants in change, the hospital climate for change, and health trends are identified as elements of the change process. It is proposed that resistance to change can be better understood if it is analyzed in terms of these elements. Change may be initiated by neglect, drift, emergency, command, demand, design, or dream. The change process involves the persons initiating the change, the staff members affected by the change, and the patients. It is suggested that assessing the climate for change in an organization is best accomplished by a great deal of listening -- before, during, and after implementation of a

change. Examples of conversations among change participants are analyzed. A brief description is presented of a study of 90 registered nurses (RN's) in education and administration, 90 staff RN's, and 90 licensed practical nurses and nursing assistants employed in a variety of settings. The nurses were asked to rank 49 trends relevant to health, economics, technology, professional nursing, and other areas according to the degree of resistance they felt toward each trend. The technique is described as useful in inservice education programs as a tool for understanding and dealing with resistance to change.

11. Curran. Connie L.
Loyola Univ. of Chicago, Ill. Dept. of Medical-Surgical Nursing.
Factors Affecting Participation in Continuing Education Activities and Identified Learning Needs of Registered Nurses.
Pub. in Jnl. of Continuing Education in Nursing v8 n4 p17-22 Jul-Aug 77.

Using data compiled from questionnaires sent to approximately 800 nurses employed in three urban and three suburban hospitals in Cook County, Ill., this study was an attempt to determine the amount of participation by nurses in continuing education programs and which types of courses the nurses preferred to have in these programs. For purposes of analysis, the nurses were divided by: age; income; type of basic nursing program; employment position; country of education; length of employment; clinical area of nursing practice; full-time or part-time employment; and amount of education beyond their basic nursing program. The results were analyzed using the chi square method from the CROSSTABS program from 'Statistical Package for the Social Sciences'. The type of courses desired tended to coincide quite closely with the present employment position of the nurse. Older nurses felt a need for more courses on the legal aspects of nursing, budgeting and finance, interviewing techniques, and specific diseases. Younger nurses wanted more courses offered for college credit and tended to participate more frequently in workshops. The better paid nurses ($20,000 or more) also wanted more courses on legal aspects while the lower paid nurses (income of less than $5,000) wanted more courses in nursing trends and dealing with foreign language patients. Staff nurses wanted more courses on handling new equipment; assistant head nurses and staff nurses wanted more courses on new nursing techniques; head nurses wanted more courses dealing with budgeting and finance. Nurses from foreign countries differed significantly in the types of programs they wanted:

courses on team nursing, legal aspects, budgeting and finance, trends, nursing care planning, interviewing techniques, and courses for college credit.

12. Edelstein Ruth Greenberg; Bunnell Margaret.
Rutgers-The State Univ., New Brunswick, NJ. Coll. of Nursing.
Determinants of Continuing Nursing Education.
Pub. in Jnl. of Continuing Education in Nursing v9 n1 p19-24 1978.

Development of an organized approach to continuing nursing education is investigated on the basis of a literature survey and on preference questionnaires completed by 425 nurses at seven institutions affiliated with Rutgers in New Jersey. Replacement of sporadic institutes, workshops, and conferences by multidisciplinary, multiagency continuing education coordination is illustrated by State plans initiated in Kansas and Indiana and by the cost-effective shared education services of the Northwest Allegheny Hospitals Corporation. Survey results show that preferred seminar topics relate to acute care (intensive care and coronary care), that other requested topics are the family and collective bargaining, that a short duration (2 hours) and Wednesdays are preferred for class sessions, and that noninvolvement methods of instruction (e.g., lectures, programed instruction) are considered most desirable. Continuing education determinants identified in the surveyed institutions are the need to do socially rewarding work, interest in increasing knowledge, special needs of particular institutions, presence of a range of teaching method preferences but especially of noninvolvement, perception of education as work, difficulty in giving large sections of time to study, and presence of a nuclear element oriented toward participation. Six figures are provided.

13. Eltzeroth Paija.
Illinois Univ. at the Medical Center, Chicago. School of Nursing.
Obstacles to Regional Continuing Education in Nursing.
Pub. in Jnl. of Continuing Education in Nursing v7 n3 p46-48 1976.

Obstacles involved in the planning of continuing education activities are discussed, based on experience in regional continuing education in nursing in a 16-county region of Illinois. It is difficult for the individual nurse to admit that the amount of retained learning is hindered by the time lapse between education and nursing practice. Habits and prejudices are not easily modified; a sense of

insecurity and resistence is often created by the introduction of new ways of thinking. It is felt that nurses have been taught to focus on task completion and have not really been taught to think. In a regional setting, professional assistance is necessary in promoting practicing nurses to think in terms of assessing their individual learning needs. Participant input is necessary to effective continuing education programming. Nurses are easily discouraged when they think no one is concerned with their practical needs. This assessment of needs becomes the first step in the planning process for educational activities. Although planning is usually not attempted cooperatively with other institutions and agencies in a community, such efforts can be of benefit to all and several successful cooperative programs are described. One of the most unrewarding features of continuing education is ambiguity. The nurse must be adventurous in her ideas and willing to defend her position before any innovative means of learning can be created.

14. Inservice Education: How It Really Is.
Pub. in RN p36-41, 78 Feb 71.

A survey of approximately 500 inservice education personnel at hospitals and other health agencies was conducted. Forty percent of the respondents indicated that they were inservice supervisors. The other respondents reported that they were full-time or occasional instructors or inactive. Most hospital inservice education programs concerned three major areas: orientation, differences in patient care procedures, and the care and operation of equipment. Some institutions employed outside resources to improve their inservice programs. Less than half required experience and/or educational qualifications for the position of program director. Instruction was primarily offered to nursing personnel. Curriculum development was a committee function in one-third of the hospitals. Traditional teaching methods were used more frequently than innovative methods such as commercial teaching systems and programmed instruction. Techniques utilized to encourage attendance at meetings were to relieve nurses so that they could attend, repeat a prgram at different times until all nurses had a chance to attend, and conduct programs during nonbusy time. Participants in the inservice programs of about half the hospitals were required to make evaluations. The following problems faced by inservice directors and instructors were identified: apathy of staff nurses, lack of administration backing, inexperience and lack of materials. Nurses described how they were able to overcome some of the problems associated with

inservice education. There was no followup to the survey. Supporting data on the results are tabulated. The survey instrument is not included.

15. Jedrzejec Marie; Dwyer Kathleen; Kinnecom Gertrude; Montiero Lois.
Rhode Island Health Science Education Council, Cranston.
Survey of Continuing Education for Registered Nurses in Rhode Island -- Attitudes, Priorities, and Recommendations.
49p 26 Sep 75 Available from Rhode Island Health Science Education Council, 1145 Reservoir Avenue, Suite 124, Cranston, RI 02920.

The Rhode Island State Nurses' Association, in developing a Continuing Education Recognition Program, needed to know the sources, kind, and content of continuing education (CE) programs for nurses who were employed in the State . A survey sample was developed, consisting of representatives of nurses grouped by employment and specialty. A survey questionnaire, which is appended, was utilized to learn orally from groups what attitudes were held by nurses concerning the current and future availability of CE. The written multiple-choice section of the questionnaire, also provided in the appendix, requested respondents to indicate the degree of perceived need for each of 32 subject preferences under consideration for possible future offerings. The groups surveyed were inservice directors of nursing education, school nurse-teachers, chairpersons of the State nurses' association, public health nurses, operating room nurses, industrial nurses, and physicians. The responses of each group are presented. Attitudes regarding the 32 possible course offerings are recorded on separate charts for each group. The composite chart shows that the least popular courses would be team nursing and abortion. Most desired courses are nursing diagnosis and physical assessment. A high percentage of nurses in the sample responded, as well as about one third of the physicians who were contacted. Requirements for CE credit recognition are given. Related matters are discussed, including a registry for CE credits, sponsoring organizations, financing, program calender, teaching methods, and advocacy of mandatory CE.

16. Keller Elizabeth True Seifert.
Continuing Education Needs of Community Health Nurses in Michigan and Factors Influencing These Needs as Perceived by These Nurses and Their Supervisors.
239p 1978 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 78-05348.

17. Kubat Janice.
Nebraska Univ. Medical Center, Omaha.
Correlates of Professional Obsolescence: Part II.
Pub. in Jnl. of Continuing Education in Nursing v7 n1 p18-22 Jan-Feb 76.

The second part of a two-part study on correlates of professional obsolescence is concerned with predicting nursing competence to identify target populations for continuing education. In the first part it was found that most nurses from all age groups (employed and unemployed) were not sufficiently motivated to avoid professional obsolescence through self-directed learning activities. Demographic characteristics, professional activities, and perceptions of continuing education needs were listed as factors which predict professional competence or obsolescence. Regression analysis was used to describe the relationship between competence level, as identified by a competency examination, and all other variables. Among the demographic characteristics which predicted nurse competence were age and employment status. Involvement in professional activities was another variable which predicted nurse competence. Those nurses who believed that continuing education should be mandatory to qualify for relicensure had a higher level of competence than nurses who did agree with this viewpoint. Interrelationships among major variables were assessed, and it was determined that the primary factor contributing to obsolescence is motivation.

18. McDonnell Geraldine.
Continuing Education Needs Assessment -- Nursing Graduates, University of San Francisco, 1950-1974.
154p 1977 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 77-17617.

19. McNally Jeanne Margaret.
American Nurses' Association, Kansas City, Mo.
Continuing Education for Nurses: A Survey of Current Programs.
109p 1972 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

A national survey of continuing education programs available to registered nurses is reported. Continuing education was defined in the survey as educational programs containing formal learning experiences that could assist registered nurses in updating and increasing their knowledge and skills in health care. These programs were defined to include short term courses, conferences,

seminars, workshops, institutes, clinical sessions, and programs using media such as telephone and television. The survey was conducted between September 1, 1971 and August 31, 1972. The descriptive survey research method was used to report on the state of continuing education for nurses and to provide data for the assessment of projected needs in nursing. Questionnaires were mailed to 3,003 respondents in accredited hospitals with more than 300 beds; hospital associations; district, State, and national nursing associations; National League for Nursing accredited associated degree, baccalaureate, and higher degree nursing education programs; regional medical programs; schools of public health; State health departments; medical associations; Federal agencies; and voluntary health agencies. Total response to the questionnaire was 63 percent. Survey data were analyzed statistically and presented in tabular form. The courses most frequently reported were coronary care nursing, medical - surgical nursing, leadership and administration, nursing process, and expanding health care. There appeared to be a significant relation between States providing funding and the number of continuing education courses offered. Overall data on course financing showed a heavy dependence on funding methods, indicating that few programs operate on a self-supporting basis. Considerable variation was reported in the frequency of course sessions, and the national median capacity enrollment in continuing education courses was 28 students. Over half of the courses reported in the survey used interdisciplinary or multidisciplinary planning. Appendices contain supporting survey data, and a bibliography is provided.

20. Miller Patricia.
Nebraska Univ., Omaha.
Personal Factors - Help or Hindrance to Continued Learning by the Nurse.
Pub. in Jnl. of Continuing Education in Nursing v6 n6 p30-33 Nov-Dec 75.

Feelings of personal insecurity may inhibit nurses from actively participating in continuing education programs or from specifying what they hope to accomplish in continuing education programs. Continuing education experiences should be planned to correct specific decisions and actions. Many nurses fear continuing education experiences because of a perception of the classroom as a threatening environment. Another factor is perceived lack of eloquence or of scientific education. Consistent encouragement and assistance of the nurse in planning learning experiences will decrease insecurity. A situation that calls for nurses to acknowledge their

needed learnings may be another cause of insecurity. Dialogue between experienced and inexperienced nurses results in a supportive climate and enhances the atmosphere of freedom and feelings of self-worth. Educators must recognize individual differences and enable persons to search for knowledge with feelings of security.

21. New Hampshire Nurses Association, Concord. Committee on Continuing Education.
Statement on Continuing Education for Registered Nurses in New Hampshire.
Pub. as Nursing News v28 n1 Mar 77.

A statement of continuing education for registered nurses in New Hampshire is provided. The statement was prepared by the New Hampshire Nurses Association in recognition of its responsibility for the promotion of ongoing development and utilization of educational opportunities for registered nurses and in support of the concept of voluntary continuing education. Terms related to continuing education are defined, and standards of continuing education for registered nurses are outlined. Goals of continuing education are delineated. Policies and procedures to be followed in the Continuing Education Recognition Program (CERP) of the New Hampshire Nurses Association are detailed. Guidelines for the preparation of materials to be evaluated for New Hampshire Nurses Association endorsement of continuing education for registered nurses are presented. Continuing education units offered at postsecondary educational institutions are examined. Applications for enrollment in the CERP and for a continuing education offering by a sponsoring agency to be endorsed by the CERP are included.

22. O'Connor Andrea Buczak.
Reasons Nurses Participate in Continuing Education.
203p 1979 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 79-13213.

23. Pecuch Monica M; Taylor Susan Gebhardt.
Illinois Implementation Commission on Nursing, Chicago.
Continuing Education Needs and Interests of Registered Nurses in Illinois: A 1976 Survey Report.
112p Aug 76 Available NTIS HRP-0014775

Questionnaires were sent to a 10-percent sample of 66,901 active registered nurses in Illinois. A total of 2,406 questionnaires (35 percent) were returned before March 1, 1976, and 2,109 (31 percent) were used for data analysis

purposes. The purpose of the questionnaires was to obtain information from registered nurses about nursing education and experience, participation in continuing education, and preferences and interests related to continuing education. It was found that 64 percent of the respondents attended at least one continuing education course during 1975. Reasons for nonparticipation were cited by those who did not elect to participate in any continuing education program. Time as it related to home, family, and work was the most frequently reported reason for nonparticipation. A wide range of interest in topics for continuing education was observed. The majority of respondents expressed preference for content related to innovative nursing concepts and for workshop or seminar formats in the conduct of continuing education courses. Factors influencing decisions to participate in continuing education were, in order of decreasing importance, topic, location, time, cost, format, instructor, and continuing education recognition points (CERP). Extensive data are tabulated on the survey results. An appendix contains the questionnaire form used in the survey.

24. Pecuch Monica M; Taylor Susan Gebhardt.
Illinois Implementation Commission on Nursing, Chicago.
Resources and Offerings for Continuing Education in Nursing in Illinois: A 1976 Survey Report.
112p Sep 76 Available NTIS HRP-0014709

The survey was conducted to obtain information about resources and offerings for continuing education in nursing. In January 1976, 833 questionnaires were sent to all Illinois hospitals, skilled care facilities, community health agencies, community and senior colleges and universities with nursing education programs, State and district nursing associations, nursing specialty groups, and voluntary health associations. Of 324 responses used, 207 or 63.9 percent indicated that continuing education in nursing was provided. The responsibility for continuing education in institutions or agencies whose primary function is health service was most frequently delegated to inservice education or staff development departments. In colleges and universities, continuing education was often handled by the school or department of nursing. Over 85 percent of health providers indicated that the staff person with major responsibility was a registered nurse with a title of director, assistant director, or coordinator of inservice education. Interdepartmental communications, brochures and flyers, newsletters, local newspapers, mailing lists, and radio announcements were used to publicize offerings in continuing education. The total number of continuing education programs in Illinois was 2,392 in 1975. It was estimated, based on

extrapolation, that there was one continuing education offering per 9.3 registered nurses in the State during 1975. Information about the financing of continuing education was obtained. Supporting survey data are tabulated, and the questionnaire form is appended.

25. Ponzo Kathryn M, LeNoir Linda.
Goshen College, IN.
Indiana University, South Bend.
Kellogg Foundation, Battle Creek, MI.
Demonstration Model for Needs Analysis Utilizing the Professional Activity Study and a Questionnaire for Nurses in Region II of Indiana.
86p May 75 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 123047.

The purpose of this study was to research needs analysis, one of the basic components of planning an educational offering for practitioners in nursing. Also demonstrated was an application of the knowledge relative to needs analysis within nursing continuing education. Needs analysis refers to a systematic assessment of what the potential participants want and/or need relative to their continued learning. A demonstration study which would include both felt and real needs was devised. The model consisted of the Professional Activity Study (PAS) and a questionnaire which was administered to nurses in four hospitals. The major finding was that a high priority in PAS and a high priority in the questionnaire could bring together the needs of the institution and the nurses into one program. (ERIC)

26. Pounds Elizabeth.
Texas Tech Univ., Lubbock. School of Medicine.
Assessing Learning Needs of OR Nurses.
Pub. in Association of Operating Room Nurses Jnl. v24 n3 p433-436 Sep 76.

A total of 1,201 operating room (OR) nurses, attending the 1975 Congress of the National Association of Operating Room Nurses, participated in a study of learning needs in continuing education. The purposes of the study were to identify the priorities of learning needs with varying levels of education, years of experience, and position status and to determine differences among the nurses as they perceived these needs. The data collection instrument was a self-report questionnaire (not included in the article), which contained 24 behavioral needs statements that respondents were to rank on a scale according to importance. The four learning needs extracted by factor analysis were technical OR skills,

research and evaluation skills, direct patient care skills, and personnel management skills. A curriculum model was then planned to prepare graduate nurses without OR experience, to retrain inactive OR nurses, and to provide opportunities for career advancement. It was found that learning needs of OR nurses differ significantly in terms of experience, and priorities of learning needs also vary according to experience, education, or position status. The majority of respondents work in hospitals that do not require formal training in OR procedures before placement in the OR. The results imply that a curriculum should be developed for formal continuing education in OR procedures and should be presented to a practitioner when the training coincides with the person's learning needs. Instructors of these courses should be encouraged to pursue advanced educational preparation, and an active recruitment program should encourage new graduates to enter the practice of OR nursing. The model revealed in this experiment should help in the assessment of learning needs and the design of continuing education to meet those needs.

27. Pounds Grace Elizabeth.
Texas Tech Univ., Lubbock.
Identification of Learning Needs of the Operating Room Nurse.
96p May 76 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

Due to the trend toward deleting operating room nursing from generic nursing education, a shortage of operating room nurses exists today. Few institutions have established programs in operating room nursing. This study was designed to investigate the educational needs of prospective and practicing operating room nurses. The instrument used, 'Learning Needs Assessment for Operating Room Nurses,' is included in the appendix. A total of 1,201 delegates to the 1975 National Congress of the Association of Operating Nurses held in Dallas, Texas, were surveyed, including 882 diploma nurses, 83 associate degree nurses, 184 baccalaureate degree nurses, and 35 masters degree nurses. A factor analysis of 24 behavorial learning needs, performed from the results obtained by the questionnaire, corroborated the four underlying concepts decided on by the investigator: technical operating room skills, research and evaluation skills; direct patient care skills, and personnel management skills. Based on education, experience, and position held by the nurses, the study proposed to identify their priorities of perceived learning needs. Tables show the factors perceived as most important by the nurses in each category of education, experience, and status position. Data

obtained will be very helpful in planning a curriculum for courses needed by operating room nurses. It is suggested that differences in role and position should be kept in mind when grouping participants in workshops, inservice education, and seminars. A bibliography is attached.

28. Robinson Stella P; Paxton Phyllis.
Charles R. Drew Postgraduate Medical School, Los Angeles, Calif.
Continuing Education Needs of Nurses Serving Minorities and the Poor.
Pub. in Jnl. of Coninuing Education in Nursing v5 n2 p12-17 Mar-Apr 74.

A survey of the continuing education needs perceived by registered nurses (RN's) and licensed vocational nurses (LVN's) working in the Watts area of Los Angeles, Calif., is reported. Of the 390 questionnaires distributed, 144 were returned. Respondents included 19 LVN's and 125 RN's from 3 county public health districts, 2 small proprietary hospitals, 3 mental health agencies, 2 school districts, 2 agencies employing nurses in Head Start programs, an Office of Economic Opportunity health center, and a convelescent home. Responses were also received from two administrative nurses employed by Martin Luther King Hospital, which had not yet opened at the time of the survey. Respondents expressed a need for continuing education in a wide variety of content areas. Perceived priorities were as follows: cardiopulmonary resuscitation, ambulatory care, drug abuse, providing care to minority clients, patient and family counseling, and legal aspects of nursing. A significant number of respondents also indicated a need for courses in intensive care nursing, renal dialysis, and crisis intervention. Many respondents indicated a desire for validation of continuing education by means of certification and/or college credit. On the basis of the survey findings, a framework for community-based continuing education programs in Watts is described and illustrated schematically. Tabular data are included.

29. Sanborn Donald E; Sanborn Charlotte J; Seibert Dean J; Pyke Harold F.
Dartmouth Medical School, Hanover, N.H. Dept. of Community Medicine.
Patterns of Preference: Nurses View of Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v6 n1 p35-38 Jan-Feb 75.

A survey undertaken at a 442-bed New Hampshire hospital to

determine the preferences of nursing personnel concerning the format of continuing education offerings is reported. Of the 160 six-item questionnaires distributed, 124 were returned. While nurses expressed a strong preference for courses of the traditional 15-week duration, there was substantial support for shorter (10-week or 5-week) minicourses. The nurses overwhelmingly favored evening courses over afternoon or morning courses, and tended to prefer courses in the middle of the week rather than at the beginning of the week or on weekends. Questioned about course topics, the nurses indicated a marked preference for medically related subjects, followed by hobby or leisure time, languages, and social sciences. The demand for graduate credit was almost as strong as that for undergraduate credit. Two-thirds of the respondents indicated that they would rather take courses in person than over the Interactive Television Network, a closed circuit television system linking Dartmouth Medical School with major medical centers and community hospitals throughout New Hampshire and Vermont. Implications of the findings are noted. Graphs are included.

30. Sattig Harriett H; Horn Barbara J; Guy Joan S.
Michigan Nurses Association, Lansing.
Continuing Education for Nursing Personnel: A Survey of Needs and Resources for Continuing Education for Registered Nurses in the State of Michigan.
127p 1973 Available NTIS HRP-0006608

Findings of a survey to determine learning needs of licensed nurses in Michigan, and the availability of resources to meet the identified needs are presented in this report of the Michigan Nurses Association (MNA). Questionnaires, specifically formulated for this study, were sent to all registered nurses and practical nurses licensed in the State as of January, 1972. Information was also solicited from all basic schools of nursing, all public community colleges, presidents of MNA districts and voluntary and professional organizations known to conduct non - credit educational programs for health providers. From this survey, an inventory of resources for continuing education was compiled. Conclusions were reached regarding motivation to pursue continuing education, availability of continuing education opportunities, relationship of financial resources to continued education, and basic problems in funding. Recommendations to improve motivation, increase availability of continuing education programs, and find ways of financing these programs are supplied. A further project was suggested to assess the effect of a planned, organized continuing

education program, within a controlled setting on the outcomes on quality of patient care. Appended are the survey instruments, tabulation of response, sample correspondence, and maps of the regions surveyed.

31. Schoen Delores C.
Lifelong Learning -- How Some Participants See It.
Pub. in Jnl. of Continuing Education in Nursing v10 n2 p3-16 Mar-Apr 79.

32. Schweer Jean E.
Indiana Univ., Indianapolis. Indiana Statewide Plan for Continuing Education in Nursing.
Continuing Education Climatology.
Pub. in Jnl. of Nursing Administration v1 n1 p45-48 Jan 71.

Factors in fostering participation in continuing education programs by professional nurses are discussed. Nursing administrators should develop working environments conducive to learning by serving as role models and by offering nurses the freedom to determine their learning needs and the opportunity to apply newly learned skills and knowledge. Administrators of service agencies must place sufficient value on the results of continuing education programs to accept responsibility for permitting personnel to attend the courses, for providing financial support, and for providing universities with feedback about the results of the courses in terms of improved patient services. Continuing education courses should be planned so that participants will return to their communities and conduct similar programs for other personnel, thereby generating a 'spread effect.' Universities, hospitals, community agencies, and educational technology centers need to pool their contributions in cooperative programs reaching professional nurses throughout large geographical areas. Program planners and teachers must keep in mind the specific professional and personal needs of adult learners. Professional nurses should not be limited by cost considerations in their decisions to participate in continuing education programs. It is noted, however, that professional nurses need to show more concern about the value of learning relating to the delivery of care, job satisfaction, and self-growth, rather than to external rewards.

33. Sovie Margaret Doe.
Relationships of Learning Orientation, Nursing Activity and Continuing Education.
238p 1972 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 73-07774.

34. Stein Leonard S.
Adult Learning Principles -- The Individual Curriculum and Nursing Leadership.
Pub. in Jnl. of Continuing Education in Nursing v2 n6 p7-13 Nov-Dec 71.

Author applies to the nursing field his observations on what motivates adult learners and the link between continuous education and leadership. Primarily he sees adult learners as acting out their roles as adults, strengthening their relationship with society, fortifying their leadership potential which is strengthened by individualized curricula. (ERIC)

35. Tarsitano Betty J Patterson.
Perceptions of Hospital Personnel Regarding Continuing Education for the Hospital Staff Nurse.
97p 1971 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 72-03982.

36. Thurston I H, Carter M C.
Continuing Nursing Education -- Interests and Needs of Nurses in Rural Kansas.
Pub. in Kansas Nurse v54 n1 p4-5 Jan 79.

37. Vicker Richard Lee.
Iowa Univ., Iowa City. Coll. of Education.
Study of Factors among Nursing Home Personnel Which Relate to Their Attitudes toward Aging and the Aged in Selected Iowa Nursing Homes, with Implications for the Development of In-Service Training Programs.
258p May 74 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

A study was conducted to investigate the relationship between seven selected variables and the attitudes of Iowa nursing home personnel toward aging and the aged and to evaluate the implications of study findings in terms of the development of inservice training programs. The seven variables included sex, age, employment status, work experience, education, type of institution, and

occupational level. The study sample was comprised of 451 nursing home personnel in 14 nursing homes located in a 9-county area of east central and southeast Iowa. Nine profit and five nonprofit nursing homes were included that ranged in size from small facilities (11 staff members) to relatively large facilities (110 staff members). Attitudes measured by the 32-item forced choice instrument were realistic toughness toward aging, denial of the effects of aging, anxiety about aging, social distance to or contempt for the aged, family responsibility for the rights and well-being of the aged, and an unfavorable stereotype of the aged as inferior. All variables were significantly related to attitudes except for sex and occupational level. With regard to inservice training, it was determined that the most effective results may be obtained by mixing groups according to age and educational level. Recommendations for additional research are offered and a bibiliography is provided. The study questionnaire and over 70 tables of supporting data are appended.

38. Virginia Hospital Association, Richmond.
Survey of Continuing Education Needs. 1972-73.
17p 1973 Available NTIS HRP-0004990

A survey instrument developed by the Virginia Hospital Association in cooperation with the Virginia Regional Medical Program to determine continuing education needs of hospital personnel is presented. The survey is designed to obtain information concerning continuing education opportunities offered during the past year including the type of resource which was utilized to conduct or provide the program, the need for such programs in the coming year, and information regarding specific resources that have or could be used to provide continuing education experiences. The data collected from the survey will be used to plan educational experiences on a State or subregional basis for health care personnel. The questions in section one relate to current or recent programs, policies, resources and facilities, and concern the following job categories: nursing service; professional and technical service; general services; and supportive services. Section two covers the educational needs of hospital personnel listing subject matter areas in priority order, and requests information on what types of programs, i.e., short-term Statewide institutes or workshops, individual hospital training sessions, development of teaching aides, that would be most beneficial. Section three seeks data on outside resources.

39. Woolley F Ross; Kane Robert L.
Telling It Like It Is Through Problem Orientation.
Pub. in Medical Care v9 n9 p25-27 Jun 76.

Problem-oriented medical records are described as an overlooked tool for continuing education. The format improves communication among the health care team members and provides information to help each member of the team function more effectively. The problem-oriented record includes data not always immediately related to identifiable problems, but may be important at some point. Typical problem sheets and flow sheets are illustrated. In establishing criteria for care, guidelines for commonly encountered diseases should be formulated by the entire staff as part of an educational process. Reviewing care by specific criteria is preferable to 'shotgun audits.' Continuing education becomes more meaningful when it is directly related to staff needs as indicated in reviews against standards of care. Clinical skills can be improved, and nurses' skills used at their best leels when a well-defined set of criteria are used. Monitoring personnel performance against such criteria can make inservice education an important adjunct to improving quality of care.

II. LOCAL, STATE, AND REGIONAL PLANNING

40. American Nurses' Association, Kansas City, Mo.
Continuing Education in Nursing: Guidelines for Staff Development.
11p 1976 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, MO 64108.

Guidelines are presented for staff development directors, inservice education directors, and other individuals who organize, implement, and evaluate educational programs for nursing personnel. Staff development is defined to encompass the total process of formal and informal learning opportunities. The primary goal of a staff development program is the provision of opportunities for employed nurses to acquire additional knowledge, skills, and attitudes necessary to perform their functions in a more efficient manner. Components of staff development include orientation, continuing education, within staff development, inservice education, and incidental learning. A philosophy is developed as a basis for staff development programs. Goals for staff development educators are delineated. Particular attention is given to the organization and administration of staff development programs. It is pointed out that employers and employees share responsibility and accountability for improving nursing practice through staff development. Responsibilities of individuals, nursing service administrators, staff development personnel, and educators are detailed. Evaluation is viewed as a systematic and continuous process for determining the effectiveness of a specific endeavor. Criteria for evaluation are presented, and a glossary of staff development terminology is included.

41. American Nurses' Association, Kansas City, Mo. Council on Continuing Education.
Guidelines for Staff Development.
15p 1976 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, Mo. 64108.

Guidelines are presented for the organization, implementation, and evaluation of educational programs for nursing personnel in health care agencies. The guidelines

are directed to staff development directors, in-service education directors, and instructors and educators. The basic concepts presented are applicable regardless of the size or location of the agency or the nature of the patient population. The general goals of staff development are defined, and its components -- orientation, continuing education, in-service education, and incidental learning -- are delineated. Statements reflecting common beliefs about staff development are presented as an aid in developing a philosophy for staff development. Specific goals are suggested for the staff development educator, and considerations for the organizational structure for a staff development program are noted. Several approaches to organizing the program, including centralized, decentralized, and coordinated plans, are described. Responsibilities, roles, and functions are outlined for the individual participants in a staff development program, for nursing service administrators, for staff development personnel, and for educators in staff development. Criteria are suggested for evaluating individual learners, program offerings, and total programs. A glossary is included.

42. Angel Gerry.
Unique Approach to Quality Continuing Education and its Implications for the Future.
Pub. in Pennsylvania Nurse v32 p4-7 Mar 77.

A continuing education program in nursing was developed within the adult education program of the Mt. Lebanon, Pennsylvania, public school system. The nursing program is under the direction of a nurse coordinator who has the freedom to function autonomously and assumes responsibility for the planning, implementation, and evaluation of the nursing courses. The purpose of the program is to stimulate and develop the nurse as a person and practitioner by making available to her current concepts and practices within the field of nursing and an understanding of their effect on the evolving role of the nurse. Major program objectives are to provide impetus for the nurse to seek additional personal and professional development through utilization of educational opportunities; to encourage the non-practicing nurse to return to active nursing; to broaden the knowledge of the practicing nurse to encompass other areas of nursing in addition to her specialty; and to encourage the nurse to become more assertive, responsible, and accountable for her actions. The majority of classes are taught by qualified nurses who have expertise within the field. A conscious effort is made to involve both nursing educators and nursing service personnel in the teaching, and visits are made to clinical facilities throughout the city as

appropriate. While initially the group was composed of more nonpracticing than practicing nurses, the reverse was true after 2 years. Direct individual involvement from the participants is encouraged, and extensive efforts are made to relate individually with as many enrollees as possible. The program is approved by the Pennsylvania nurse association, and participants receive certificates of attendance and continuing education credit units on completion of courses.

43. Barlow Donna J; Chesney Alan P.
Texas Univ. Medical Branch at Galveston.
Nurses Want to Keep Up to Date.
Pub. in Jnl. of Continuing Education in Nursing v8 n6 p15-21 1977.

The Area Health Education Center (AHEC) of Southern Texas offers a valuable and popular program in continuing education for nurses. Because of a significant nursing shortage in the area, these busy nurses needed a useful program brought to them. AHEC's main goal is to promote quality patient care by meeting nurses' needs and requests for instruction. Most requests are for content in direct patient care, while an increasing percentage of requests focus on personal and professional growth, legal aspects, and nurse involvement in the upgrading of nursing and health care. The data indicate that nurses are aware of their limitations in knowledge and are eager to learn. Over 50 percent of all working nurses residing in the area have attended one or more of the programs during the four years of operation from 1974 to 1978. Moreover, the number of attendees increased over 20 percent each year. Areas of specific interest to the nurses include workshops in acute care and in their areas of responsibility, such as screening programs for school children for school nurses and physical assessment for community nurses. Participating nurses then utilize course content in three areas: patient assessment, communication, and nursing administration. The reported ability to implement new methods increases as one moves up the administrative hierarchy. Tables provide data on nurse course requests, number and percentage of RN attendees, nurses' expectations of course utilization, and frequency of utilization.

44. Barnett Elizabeth M; Pozorski Mary C; Harris Lynda; Hendryson Irvin.
New Mexico Regional Medical Program, Albuquerque.
Health Manpower Development. Part Ten.
135p 5 Apr 72 Available NTIS HRP-0006178

The health manpower development component of the New Mexico Regional Medical Program is presented. Continuing education for both physicians and nurses is outlined, including objectives, program planning, programs, activities, and evaluation. Recommendations are offered for these aspects of continuing education. The quality and supply of allied health personnel is discussed. A supervisory skills program and staff development for community hospitals and health agencies are outlined. A home health network directed at providing health care at the grass roots level is defined, and training for emergency medical technicians (ambulance) and emergency medical service technicians is proposed. Appendixes, which comprise the bulk of the document, contain the following: New Mexico legislation and regulations, the final report of a physician questionnaire, the evolution of an evaluation form, a list of continuing education courses offered and their locations, continuing education for nurse anesthetists, guidelines for evaluating requirements and staffing patterns in nursing homes, a 1971 manpower survey of the New Mexico Hospital Association, a sample supervisory skills training program, evaluation tools, a survey of community hospitals, and an inservice workshop.

45. Bolte Irma M; Forni Patricia R.
Midwest Continuing Professional Education for Nurses, St. Louis, Mo.
MCPEN: An Experiment in Regional Planning for Continuing Education in Nursing.
Pub. in Adult Leadership v23 n6 p184-186 Dec 74.

The promotion of high standards for continuing nursing education by a regional organization known as the Midwest Continuing Professional Education for Nurses (MCPEN) is discussed. MCPEN is designed to meet the continuing education needs of nurses in Illinois, Iowa, Kansas, Kentucky, Missouri, Nebraska, Oklahoma, and South Dakota and is comprised of State nursing associations, State boards of nursing, junior and senior college nursing programs, and other allied agencies. The objectives of MCPEN are to improve patient care, advance health care, stimulate research in continuing education, identify continuing education needs, and coordinate continuing education efforts in the region. During the period from 1967 to 1974, MCPEN identified eight major issues in the

continuing education of nurses: organization membership, inservice education, recording and transferability, the impact of continuing education, leadership, recognition, communication, and standardization. Measures taken and planned by MCPEN to address these issues are detailed.

46. Bowen Barbara J.
Kaiser-Permanente Medical Center, Oakland, Calif.
Orientation Program in a Small Hospital.
Pub. in Supervisor Nurse v9 n2 p25-30 Feb 78.

The Kaiser-Permanente Medical Center in Oakland, Calif., has developed a special summer orientation program for new nursing graduates. The program is designed for nurse permittees, who are new graduates who have taken their California State licensing exams, but who have not yet received the results. They may perform the duties of a registered nurse under the supervision of another registered nurse. Each nurse permittee was asked to complete a form assessing her needs in terms of procedures in which she needed instruction or practice when she entered the program. The program consisted of formal classes and individual experience in clinical laboratories. An equipment fair was also held. Clinical nursing coordinators are responsible for the orientation of those permittees assigned to their units. At the end of the four week orientation period, the participants are expected to be able to: define the purpose, philosophy, objectives, and organization of the medical center and of the hospital nursing department; verbalize or locate policies and procedures relating to infection control and other technical procedures; perform several technical procedures in a manner approved for the medical center; write a standard nursing care plan; operate the equipment in common use on the hospital units; locate the equipment and define the procedures for emergency patient care in case of disaster, fire, and cardiac arrest; express increasing ability to cope with the stress associated with the transition from student to graduate nurse; and set short-term learning goals for the remaining 2 months of the probationary period. The participants gave favorable responses in the evaluation of the program, and the success of the program is reflected in a lower staff turnover rate among these personnel.

47. Bueno Dorothy Del; Quaife Marjorie C.
Columbia Presbyterian Medical Center, New York.
Special Orientation Units Pay Off.
Pub. in American Jnl. of Nursing v76 n10 p1629-1631 Oct 76.

At Columbia - Presbyterian Medical Center in New York City, newly hired nurses are assigned to orientation units, where instructors provide the clinical learning experiences and formal instruction needed by the nurses to achieve beginning competence. The incoming nurses are assigned to 1 of 10 clinical areas. Six of these areas each have an instructor with full-time orientation duties; a supervisor or staff person serves as a part-time instructor on services with no orientation unit. All of the instructors are registered nurses with from 1 to 10 years of experience. Performance expectations are outlined in a written contract which specifies the required behavior, the number of times that behavior is to be performed, and criteria for success. The performance standards are clearly communicated to the learner through discussion with the instructor. Evaluation of the learner's performance is performed by the instructor and, on some units, by the learner herself as well. The orientation lasts a maximum of 12 weeks. A 1970 comparison between the turnover rates of nurses going through the orientation unit and those receiving standard on-the-job orientation showed a lower rate of turnover for the former group. A table displaying rates of turnover, the education of the nurses hired, and average orientation times is provided.

48. Cantor Marjorie Moore.
University of Iowa Hospitals and Clinics, Iowa City.
Roles and Responsibilities of Continuing Education in Nursing.
Pub. in Jnl. of Continuing Education in Nursing v8 n1 p16-24 Jan-Feb 77.

Continuing education for nurses is examined in relation to improving the effectiveness of health care delivery. The need for emphasis on the identification of authoritative sources used in teaching is stressed. The functions of nurse educators are delineated. The contribution of nurses and nurse educators to quality care is discussed. A distinction is made between the interests of nurses and societal interests. Deficiencies in the functioning of nurses and nurse educators are noted. One major deficiency is considered to be the concentration on processes rather than on results to be achieved. Knowledge is viewed as a prerequisite to professional practice, although it is necessary to determine what types

of knowledge are useful. Nurse educators are viewed as role models, and particular attention is given to the concepts of power without responsibility, education and practice, the danger of cultism, self-enrichment versus the needs of society, clinical skills, and standards for expertise and content in continuing education. The feasibility of effecting change through appropriate leadership in nursing is addressed.

49. Clover Bottom Developmental Center, Nashville, Tenn.
In-Service Training.
33p Aug 74 Available NTIS PB-270 287/6

This report outlines the development of an inservice training program for employees at the Clover Bottom Development Center in Tennessee. As a result of a 10-year HIST grant, the Nursing Education Center, which consisted of only one employee (a registered nurse who developed and taught several courses), expanded to include three full time instructors and a secretary. Educational and training materials were acquired for an employee development program which included orientation, basic courses (mental retardation, behavior modification, safety, seizures and restraints, basic first aid, and communications), ongoing training in assigned jobs, and advanced, refresher, and special courses suited to employee needs. As a result of the grant, programs became structured so that an employee could enter at any level and receive on-the-job training suited to specific responsibilities. (NTIS)

50. Collart Marie E.
Ohio Lung Association, Columbus.
Overview in Planning, Implementing and Evaluating Continuing Nursing Education.
Pub. in Jnl. of Continuing Education in Nursing v7 n6 p9-22 Nov-Dec 76.

Steps in the systematic development of continuing education programs for nurses are examined. Continuing education in nursing should be flexible and responsive to the needs of practicing nurses. Program planners and presenters must be aware of developments in learning and instructional theory and educational technology if they are to design programs that will assist registered nurses in maintaining competence and meeting the nursing professions' standards of practice. Program development involves the following steps: defining the need; identifying the goals and objectives; planning the program according to criteria and standards; implementing and validating the program; and evaluating the program. The

process of program planning is much like that of problemsolving. Each of the program development steps is examined in detail, with reference to applications in the planning of continuing education programs for nurses. The discussion touches on behavioral objectives in continuing education, elements of a program planning model, and techniques of evaluation. The program planning model incorporates program objectives, content, and evaluation, and teaching methods (individual, group, community), techniques (information-giving, skill-acquiring, knowledge-applying), and devices (illustrative, extention, environmental, or manipulative).

51. Cooper Signe S; Byrns Helene Hestad.
Wisconsin Univ. - Extension, Madison. Dept. of Nursing.
Plan for Continuing Education in Nursing in Five North Central States (Michigan, Minnesota, Montana, North Dakota, and Wisconsin). A Proposal for Discussion and Action.
63p Jan 73 Available NTIS HRP-0017247

A regional approach to the coordination of continuing education for nurses in five north-central States is proposed in a report based on an 18-month planning effort undertaken by the University of Wisconsin Department of Nursing. The planning project included surveys of the learning needs of registered nurses in the States, a literature review, and studies of the availability of educational and financial resources in the region. The report is intended to assist the region's educators, planners, and consumers of continuing nursing education in their coordination efforts. Included are general as well as specific recommendations to State master planning groups, State boards of nursing and nurses' associations, faculties of collegiate and other schools of nursing, providers, employers, and nurses. The establishment of a regional center for continuing education in nursing at the University of Wisconsin is recommended, as is the creation of a national center to prepare nurse educators for primary responsibilities in continuing education. It is recommended that regional priority be given to the development of courses to prepare nurses for expanding roles, and that special attention be directed to the areas of geriatric nursing; new technologies in nursing practice; principles of mental health, rehabilitation, and teaching of patients; nursing care in emergency and ambulatory care settings; and patient assessment. A chart illustrates the suggested steps in planning for nursing continuing education.

52. Cooper Signe S.
Planning for Continuing Education in the North Central States.
Pub. in Jnl. of Continuing Education in Nursing v4 n5 p6-13 Sep-Oct 73.

53. Cope Adrienne B.
Northwest Allegheny Hospital Corp., Pittsburgh, Pa.
Consortium: A New Direction for Staff Development.
Pub. in Jnl. of Continuing Education in Nursing v7 n2 p18-22 Mar-Apr 76.

A program of continuing education for nurses organized and implemented as a shared service by the Northwest Allegheny Hospitals Corporation is described. The areawide program has been operational since March 1974, when a nursing education coordinator was employed by the consortium of seven acute care facilities and two rehabilitation centers to plan an educational program based on areawide needs. The foundations of the program are the four primary components of nursing practice (nursing process, documentation, audit, and continuing education) and the area's job description for staff nurses. Assessment, planning, implementation, and evaluation were emphasized in a workshop for registered nurses held in the fall of 1974. In the spring of 1975, 10 half-day workshops were held on documentation. Recovery room nurses participated in a 3-day seminar on postanesthesia care of patients. The consortium collaborated with a local community college to produce a continuing education series of seminars and 'minicourses' on the nursing process and nursing documentation. Seminar and course topics in the 1974 fall and spring series included the nurse and the law, infection control, the adult as a learner, pain, alcoholism, the neurosurgical patient, homeostasis, advanced concepts for the nurse aide, advanced concepts in respiratory care, basic pharmacology for the licensed practical nurse, and techniques of supervision for team leaders. Total attendance for both series was 1,060. The benefits of the needs - based continuing education program are noted.

54. Copeland Winifred L; Miller Barbara E.
National Naval Medical Center, Bethesda, Md.
Development of a Modular Curriculum for Nursing Service Orientation.
Pub. in Jnl. of Continuing Education in Nursing v7 n4 p10-15 Jul-Aug 76.

A curriculum for the orientation of professional nurses in the U.S. Navy is discussed. Four basic aspects of

curriculum development are examined in relation to an orientation program: (1) goals, (2) learning objectives, (3) learning experiences, and (4) evaluation. The orientation program developed for naval nurses has 27 learning modules. Each module in the program contains the materials required to accomplish objectives. Five of the modules pertain to the responsibilities of head nurses, nursing rounds, nursing plans, nursing assignments, and legal aspects of nursing. Eleven modules concern various hospital services. Four modules are designed to teach those skills essential for all nurses to review on a continuous basis (cardiopulmonary resuscitation, inhalation therapy, and intravenous therapy). The remaining modules of the curriculum address such information as hospital disaster plans, outpatient departments, emergency services, and administration. The development and use of a curriculum specifications manual and audiovisual media are examined. Evaluation instruments devised for the orientation program are detailed.

55. Coye Dorothy.
William Beaumont Hospital, Royal Oak, Mich.
Organizational Structures -- Considerations Which Facilitate Effectiveness.
Pub. in the Jnl. of Continuing Education in Nursing v8 n3 p42-47 1977.

The concept of a staff development department as a separate department either within or apart from the nursing services department is a fairly recent one for health care agencies. The framework and structure of the organization and administration of a total staff development program reflect the agency's philosophy, its purposes and goals, the beliefs held by the staff development educators, and the availability of resources and facilities. Commonly selected operational approaches feature centralized, decentralized, coordinated, or collaborative staff development efforts. The centralized staff development approach is an organizational approach in which a central nursing administrative authority is assigned the major responsibility for meeting the learning needs of the nursing staff. Under a decentralized staff development approach, nursing leadership personnel in a designated clinical area are vested with the major responsibility of identifying and seeking ways to meet the learning needs of the nursing staff within that clinical area. Mutual cooperation between the staffs of both nursing services and the staff development department is necessary to facilitate the coordinated staff development approach, which utilizes the strengths of both the centralized and decentralized systems. Collaborative

efforts of staff development educators from several agencies in a community may be undertaken to avoid duplication of practice in staff development. Staff development must be an identifiable component within the organizational structure, and it must be given administrative support if it is to be successful. Considerations with regard to organizational structure, budget, policies, objectives, records, program appraisal, staff, and selection of an operational approach are reviewed.

56. Crockett Pernell W.
National Technical Information Service, Springfield, Va.
Nurses: Education, Licensure, and Certification. Volume 1. 1971-1977 (A Bibliography with Abstracts).
124p Jul 78 Available NTIS NTIS/PS-78/0695/3

Studies are cited on nursing education plans in various states. The curricula and requirements for licensed practical nursing, associate degree, baccalaureate degree, and diploma programs are described. Also included are reports on student recruitment, career choices and patterns, continuing education, inservice training programs, licensure, and certification. (This updated bibliography contains 336 abstracts, 118 of which are new entries to the previous edition.)

57. Crockett Pernell W.
National Technical Information Service, Springfield, Va.
Nurses: Education, Licensure, and Certification. Volume 2. January, 1978-June, 1978 (A Bibliography with Abstracts).
121p Jul 78 Available NTIS NTIS/PS-78/0696/1

Studies are cited on nursing education plans in various states. The curricula and requirements for licensed practical nursing, associate degree, baccalaureate degree, and diploma programs are described. Also included are reports on student recruitment, career choices and patterns, continuing education, inservice training programs, licensure, and certification. (This updated bibliography contains 115 abstracts, all of which are new entries to the previous edition.)

58. Cutler Mary Jane; Siegel Fanny F.
Columbia Univ., New York. Teachers Coll.
Continuing Education and Nursing Service: An Example of Working Togetherness.
Pub. in Jnl. of Continuing Education in Nursing v6 n5 p16-22 Sep-Oct 75.

A continuing education program was developed at Columbia University in New York for nurse supervisors. Of the 84 graduate nurses enrolled as students in the program, most indicated that they were supervisors, coordinators, nursing directors, clinical specialists, head nurses, or staff nurses. A comparison of educational backgrounds for the students revealed three groups: diploma, baccalaureate, and associate degree and foreign graduate groups. The nursing experience of the students varied significantly, with the median in years of experience being 15 years. The students were asked to consider themselves in the roles of consultants. Their task was to arrive at a consensus, using the problem-solving method for change. Five problems were suggested: (1) role of the head nurse in decentralized organizations; (2) development of a structure within nursing service to improve communication; (3) improvement of interaction between superiors and subordinates; (4) plans for an acute respiratory unit in a hospital setting; and (5) consideration of the need for an omsbudsman or patient representative. Evaluation forms completed by the students provided information on the effectiveness of the continuing education program with regard to teaching methods and materials. It was determined from the evaluation that nurses in supervisory positions must have a sense of involvement within an organization, a chance to offer suggestions, and an opportunity to be heard. The discussion method was rated by the students as more beneficial than the lecture method of instruction.

59. Eng Evelyn.
Columbus-Cuneo-Cambrini Medical Center, Chicago, Ill.
Staff Development in a Hospital Nursing Service.
77p 1972 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Staff development, an essential component of hospital nursing service departments, requires a high level of commitment by the director of nursing service. This commitment must be actively demonstrated in time, effort, and budgeting. The development of an effective teaching program for nursing staff in hospitals is discussed. The goal of a hospital nursing service is identified as the provision of orientation, skills training, performance evaluation, and continuing education in patient care for all nursing service personnel. The recommendation is made that the philosophies of nursing service and education serve as a basis for planning staff development activities. Staff development techniques are detailed, with an emphasis on the orientation of employees, employee training and evaluation, manuals to describe the functions of nurses, continuing education, nursing unit staff

meetings and ward conferences, committee activities, and public relations within a hospital nursing service. The recruitment and retention of employees is addressed, and job descriptions are provided for nursing service personnel. Graphical illustrations and forms are included to aid in staff development activities.

60. Finkelman Anita Ward.
Texas Woman's Univ., Dallas.
Inservice Educators Provide Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v6 n4 p16-19 Jul-Aug 75.

Cooperative arrangements between hospitals and universities that are designed to offer nurses an opportunity to meet their continuing education needs in the hospital setting are discussed. It is pointed out that many inservice education programs meet the criteria for the Continuing Education Unit; that there are not enough continuing education courses to meet the needs of all nurses; that many nurses are more willing to take continuing education courses when they are held in a familiar setting, i.e., the hospital; and that when the courses are held in the hospital, the course content emphasizes actual hospital situations. The advantages are that the hospital meets its needs for staff development and the university continuing education department fulfills its purpose of meeting a greater number of community continuing education needs. The steps involved in implementing a cooperative arrangement include applying to the university, having the university designate criteria which must be met for each course (the university agrees to cosponsor courses after the stated criteria are met), and having the hospital submit course outlines to the university. The general criteria required of most continuing education offerings (e.g., the course is planned after assessment of needs for a particular group; content must be identified and developed in an organized manner) and the steps taken by a nurse involved in developing a cooperative arrangement are outlined. The courses offered under one such plan are described.

61. Foster Rosalyn.
Michael Reese Hospital and Medical Center, Chicago, Ill.
Here's How In-Service Education Works.
Pub. in Modern Hospital v115 n4 p95-98,134 Oct 70.

The inservice education department at Michael Reese Hospital and Medical Center in Chicago is described in detail. It is felt that the nursing staff must stay conversant with the continuous changes in nursing practice

in order to provide the best care for the 1,000 patients the hospital can accommodate at one time. The education department consists of an assistant nursing director and ten registered nurse (RN) instructors. An instructor is assigned to the particular clinical area of her specialty. She teaches about 15 to 20 staff members at 10 sessions each month. Lecture instruction concentrates on explanation with demonstrations involving films, actual equipment, and teaching dolls. Core courses on subjects involved with the specialties are given. Continuing education is also implemented for nursing service employees, such as nurse's assistants, licensed practical nurses (LPN's), orderlies, and service clerks, who attend meetings at which educational programs are presented. A formal course in phamacology is given to all LPN's. Day workshops are arranged for specific nursing service groups. Staff members are sent to teaching programs outside the hospital. RN's who wish to return to school are given tuition assistance by the hospital. Training for supervisory personnel and department heads is conducted, and supervisors are encouraged to submit names of RN's having leadership potential. Orientation is considered an important feature for all new employees.

62. Fraser Carolyn; Polacsek Barbara K.
Thornton Community Coll., South Holland, Ill.
Nursing School Cooperative.
Pub. in Nursing Outlook v23 n8 p504-507 Aug 75.

The directors of five nursing programs in the Chicago, Ill., area met to share inservice programs and minimize the duplication of resources and costs. The need for interprogram cooperation was established. The organization of a nursing school cooperative was based on the premise that ostensibly equal institutions cannot be equal in every respect. The goals of the cooperative were to maximize instructional and administrative efforts, minimize duplication, reduce costs, and guide general planning for the effective use of health agencies. A project director was employed to develop communication between the five schools. The cooperative arrangement between the schools was facilitated by Federal funds under the Nurse Training Act of 1971. Capitation grants to schools of nursing for the support of educational programs were authorized by the act. Inservice programs are offered by the nursing school cooperative. A list of instructional materials and a list of periodicals have been compiled to improve communication between faculty members. Additional plans of the cooperative are noted.

63. Friedrich Rose Marie, et al.
Innovations in Continuing Education -- A Statewide Program for Systematic Training in Interpersonal Skills.
Pub. in Jnl. of Continuing Education in Nursing v10 n2 p29-35 Mar-Apr 79.

This article focuses on a statewide project whose purpose is to provide systematic training programs intended to increase the interpersonal skills of helpers within Iowa's human service delivery system. A 'training of trainers' approach (i.e., one in which clinical practitioners and educators are taught methods for teaching interpersonal skills to other helpers) is used to ensure wide dissemination of interpersonal skills. The general content areas covered in workshops, the learning needs identified by nurses participating in these workshops, the training methods used, and the impact of the project on nursing are discussed. Evaluative research suggests that the skills of empathy, respect, and genuineness have been upgraded, and that project trainers, by incorporating interpersonal skills training as part of their service functions, have been change agents within their home agency settings. Three recommendations concerning the design and methodology of continuing nursing education programs in interpersonal skills are offered. These recommendations are meant to provide nurse educators concerned with upgrading nurses' interpersonal skills with some program development guidelines.

64. Friend Gail.
Medenco Hospitals, Inc., Houston, Tex.
Hospital Inservice Education -- Through the Quality Assurance Program.
Pub. in Hospital Topics v56 n2 p10-12 1978.

Including a hospital inservice education program in the activities of the Quality Assurance program has several advantages. Instead of confining inservice education to the nursing department as usual, this program enables all hospital personnel to become involved, breaks down departmental barriers, and provides inclusive coherent structure to staff development. Since the Quality Assurance program involves audit, and inservice education is required by accrediting agencies as followup to audit deficiencies, it is logical to combine these two programs. The Inservice Education Committee represents all departments, physicians' committees and administration, and is chaired by the Inservice Education Coordinator who reports to the Director of Quality Assurance. Educational sessions are either repeated, tape-recorded, or videotaped to reach every shift. The Coordinator maintains a library, audio-visual equipment, and reference lists

related to each month's topic. The monthly topic is the same for the entire hospital but is presented in ways appropriate to particular departments. A sample program schedule illustrates this. The topics are chosen to fill gaps in knowledge identified by audits. Employees have input into their own education through their Committee representatives. Medical staff and administration also have input. Educational programs match the needs of each level of employee. The entire hospital benefits.

65. Gifford Alice.
Johns Hopkins Univ., Baltimore, Md. School of Hygiene and Public Health.
New Opportunities for Education -- An Educational Resource Center.
Pub. in Occupational Health Nursing v26 n3 p13-16 Mar 78.

The process of developing an education resource center (ERC) at the Johns Hopkins University School Of Hygiene and Public Health is described. Programs for training occupational health nurses are described, and some of the implications of the ERC program are discussed. The training plan of the ERC is based on the belief that occupational safety and health programs should promote the health and well-being of people at work and prevent illness and injury that may result from the work environment. Training is to occur over a period of 1 to 3 years, depending on the specialty area and program level selected by the individual. The university also plans to implement an outreach program consisting of continuing education and an organized plan to create linkages with various service and educational institutions in the area. As a result of federally-supported training activities, the numbers and types of specialists are expected to increase dramatically. In addition to generating knowledge that will lead to the increased protection of workers from environmental hazards, it is envisioned that ERC's will have a positive impact on the quality and distribution of occupational health services. It is also anticipated that ERC's will effect major changes in roles and functions of occupational health nurses.

66. Griffin Winifred H.
Florida Nurses Association, Orlando.
System of Continuing Education for the Registered Nurse in Florida.
253p 1975 Available NTIS HRP-0017093

A project undertaken in February 1974 to develop a system of continuing education for registered nurses (RN's) in Florida is documented. Continuing education resources

(programs, manpower, equipment, supplies, and finances) are identified and assessed, gaps and deficiencies in the State's continuing education system are noted, and suggestions are offered for strengthening the system. The project found that many groups were concerned about providing adequate continuing education and that some degree of cooperation existed among these groups. Programs tended to be basic in content, not to be offered sequentially, and not to reflect principles of adult education. Gaps and deficiencies were found relative to demographic characteristics of Florida's RN's, cultural factors, the evolving role of the nurse, and the major health problems in Florida. Involvement of Florida's colleges and universities in continuing education for RN's has been minimal; most programs have been sponsored by hospitals. Among steps suggested for structuring a statewide system of continuing education are the following: expanding resources for program planners; improving communication by means of regional mailings to all RN's; studying transcript mechanisms and associated problems; and encouraging college faculty to develop a lifelong learning philosophy in students. Details of project activities and findings are provided.

67. Harnett Cornelia P.
Weekend College Continuing Education Program.
Pub. in Jnl. of the New York State Nurses Association v4 n3 p24-28 Sep 73.

The design of a baccalaureate program for working registered nurses in the community surrounding the C.W. Post Center of Long Island University, New York, is described. The Post Center program evolved from a survey of the interests and needs of nurses in Nassau, Suffolk, and Queens counties in New York. The program functions within the Center's Weekend College on a weekend day and weekday evening schedule with four minisemesters of 8 weeks each and two 6-week summer sessions. Within this framework, a number of class scheduling options are available. Associate degree graduates may transfer college liberal arts core credits, and diploma graduates may earn up to 24 college core credits by examination. The curriculum design committee identified four basic areas of nursing in which students could be expected to have attained some knowledge and skill in their prior education and experience. Entering students complete college proficiency examinations to test their knowledge in these areas, and the design committee is developing a clinical proficiency examination to test the students' ability to apply knowledge skillfully. The nursing curriculum consists of an orientation course; three sequential methods courses in nursing process, research,

and methods of physical diagnosis; three advanced content courses; clinical courses, in which students practice their new skills in the area of their choice; and a leadership course.

68. Hauf Barbara J, et al.
Continuing Education -- Regional and Rural.
Pub. in Jnl. of Continuing Education in Nursing v10 n2 p26-28 Mar-Apr 79.

A DHEW-funded project designed to bring continuing education programs to rural nurses in Idaho, Montana, and Wyoming is described. The project, which was sponsored by the Western Interstate Commission for Higher Education and backed by State universities with baccalaureate nursing programs, was launched in 1974. The programs fell into seven categories: clinical nurses, professional concerns, communications, teaching, administration, targeted groups, and refresher courses. Participants included nurses from hospitals, community health agencies, and specialty settings (e.g., schools and offices). In addition to the universities and their nursing faculties, the project used other health professionals and nurses from larger hospitals and health care agencies who assisted in teaching personnel in smaller agencies. Among the problems encountered in the project were that there was a frequent turnover in leadership and staff positions, making it difficult to develop a comprehensive curriculum with built-in continuity and cohesion, and a lack of identified criteria of quality of patient care in the health care agencies. During the 3-year grant period, the project reached 10,743 participants.

69. Holloway Sally; Holloway Robert G.
Chicago Univ. Hospitals and Clinics, Ill. Dept. of Education and Training.
Work-Study Career Mobility Program.
Pub. in Hospitals, Jnl. of the American Hospital Association v46 n16 p73-76 16 Aug 72.

The response of the University of Chicago Hospitals and Clinics (Chicago, Ill.) to demands from ancillary personnel for opportunities for advancement is described. The facility draws most of its entry level personnel from the surrounding black ghetto community. Many of these employees have no marketable skills. Although the employees were represented by a union, a feeling of resentment toward both the union and management culminated in a wildcat strike in 1969. In response to the strike, task forces of representatives from employees and the administration met to determine the employees' needs and

to plan an inservice education program. An education and training department was established in November 1969. Classes in basic reading, mathematics, English, and general education development were begun, and career ladders and courses in nursing, laboratory, science, and clerical careers were introduced. The career mobility effort was guided by four principles: (1) that education must be tied directly and specifically to mobility; (2) that each program should begin at the individual's level in the career mobility sequence; (3) that training at one level should contain core knowledge and skill developement that are applicable at the next level; and (4) that educational components of the system must be linked so that teaching resources are used effectively. The philosophy on which the career mobility program is based is outlined, and methods used to deal with opposition to the program from some management personnel are described.

70. Hutkin Ronald M; Holmberg Mary Lou.
Platte Technical Community Coll., Columbus, Nebr.
Community Health Education Consortia (CHEC) Feasibility Study of Northeast Central Nebraska.
105p Jun 74 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 130 705.

This study sought to determine the extent of existing in-service education programs in health care available in northeast central Nebraska and to determine if there was a need for a Community Health Education Consortium (CHEC). Two questionnaires were developed for the study and were mailed to hospitals and nursing homes in a 22 county area; 86 percent (22) of the hospitals and 60 percent (28) of the nursing homes surveyed responded. Information was gathered on hospital / nursing home facilities, patient flow, backgrounds and responsibilities of administrators and nursing directors, numbers of specified professional and non-professional personnel, current in-service education activities, and in-service education needs. It was concluded that there was a substantial need for a CHEC that would organize and strengthen available educational offerings. Although hospital and nursing home expansion were projected to be minimal in the future, licensing requirements, retirements, promotions, and turnover were anticipated to result in continuing demand for relevant educational programming in the health care area. Survey instruments and related feasibility study materials are appended. (Author/ERIC)

71. Indiana Statewide Plan for Continuing Education in Nursing, Indianapolis.
ISPCEN. Master Plan for Continuing Education in Nursing. 62p 19 Jun 75 Available NTIS HRP-0006620

A five-year master plan for continuing education in nursing is presented for the State of Indiana. The plan endorses two concepts: (1) nurses must set their individual life-time learning goals in relation to their practice; and (2) continuing education is one means by which nurses can maintain competence, meet the standards of practice developed by the profession, exercise leadership in effecting changes in health care delivery, and achieve career satisfaction. The projects methodologies for monitoring needs and interests of nurses, patients, and clients; developing appropriate organizational structures and administrative processes in educational systems; and determining resources in personnel, time, facilities, and money. The plan provides information for use by directors of continuing education programs in nursing in determining priorities. Criteria are set forth to serve as guideposts in pursuing the goal of adequate and appropriate continuing education offerings. Recommendations are offered with regard to establishment of priorities and implementation of the plan for continuing education. Tabular data and resource information supportive of the recommendations are included.

72. Keogh Gertrude.
Continuing Education in a VA Hospital.
Pub. in Nursing Care v9 n6 p16-18 Jun 76.

Programs for orientation and supplementary inservice education for licensed practical / vocational nurses (LP/VN) in Veterans' Administration hospitals are described. All 171 VA hospitals have organized orientation programs to teach the VA mission, philosophy, policies, and organizational structure and to familiarize the newly employed LP/VN with patients, personnel, environment, facilities, and equipment. Courses in medication, pharmacology, fire prevention and safety precaution, and cardiopulmonary resuscitation are among the many courses offered. Some courses are specific to types of patients and enable the LP/VN to update skills and knowledge. In 1976 106 LP/VN's used VA funds to prepare to be registered nurses. The number of LP/VN's in the VA has grown from 2,749 in 1965 to 6,621 in 1975. Future settings for these LP/VN's may be outside of the VA hospitals in home care programs.

73. King Philip J.
Mount Auburn Hospital, Cambridge, MA.
Hospitalwide Education Department.
Pub. in Jnl. of Nursing Administration v8 n4 p13-19 Apr 78.

Although hospital-based education has traditionally been centered in the nursing department, there is a trend toward hospitalwide education departments. Nursing directors are concerned about control, quality and quantity of programs, needs assessments, communication, and accountability in the changeover to hospitalwide education models. Hospital administrators are becoming more concerned about accreditation and documentation, programing perspectives, coordination of educational programing, and cost containment in educational programs for staff. One model for reconciling the concerns and needs of both these groups is to use a centralized education department with a decentralized education function in nursing. Advantages include objectivity with regard to the hospital's education needs; expertise; budget; and accountability. While most clinical teaching should be handled by clinical specialists attached to the nursing department as unit staff, information on all clinical teaching programs would be routed through the coordinator of staff development. While many inservice divisions of nursing do not have a budget, the hospitalwide department of education would have a line item budget with monies for development of instructional staff, speakers, and purchase of audiovisual equipment and software. The education department would be highly accountable to the director of nursing, especially if there was a fee-for-service arrangement with the nursing department. The centralized education department would have the resources to conduct more extensive needs analysis than is generally done, to increase the number of instructional hours through increased use of audiovisual resources; and to improve the quality of programs through the use of full-time staff. In addition, nurses would have access to courses not normally available in inservice programs.

74. Lally Elizabeth; Burrell Barbara; Wiklinski Barbara.
Hospital of Saint Raphael, New Haven, Conn.
Internships for A.D. Graduates.
Pub. in American Jnl. of Nursing v77 n1 p114-116 Jan 77.

Ten nurses graduating from three Associate Degree schools participated in a pilot internship program at a general hospital. They progressed at their own rates and could become eligible for staff positions on medical or surgical units after successfully completing the internship. The

program was directed by two inservice instructors of the Nursing Inservice Department. By the end of 8 weeks, seven interns were satisfactorily peforming common technical skills. Of the 10 interns, 5 were judged clinically competent in providing nursing care to patients with a wide variety of problems. They advanced to the second level, which focused on perceptual and interviewing skills necessary for independent decisionmaking. For the third level, they were rotated to pediatrics, then the intensive care unit, and then to the most difficult assignment of all -- charge nurse in a team nursing situation. Three interns were able to delegate responsibilities, initiate team conferences, and obtain reports concerning patients. The other two were unable to hold conferences (due to staff resistance) or delegate assignments (due to their own lack of organization). Of the five interns who had experienced initial difficulty, one dropped out; the others, after experiencing difficulty with the leadership assignment, were advised not to take staff positions. Constraints on the program are considered. It is felt that future nurse internship programs should be limited to 6 months, and it was determined that medical and surgical units provide the best setting for the internship.

75. Lang Norma M.
Is Continuing Education in Regional Medical Programs Dead.
Pub. in Jnl. of Continuing Education in Nursing v3 n1 p11-15 Jan-Feb 72.

76. Latshaw Lois L.
Evansville Vanderburgh School Corp., Ind. School of Health Occupations.
Development of a Health Occupations Continuing Education Center.
240p 15 Jun 75 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 123 497.

The project was designed to assess the learning needs of selected health occupations at the vocational level and to develop guidelines for the establishment and administration of a model for a health occupations continuing education center based upon these needs. Licensed practical nurses, nurses aides, and operating room technicians employed in hospitals or nursing homes were the groups selected as a target population. Learning needs of these groups were identified through a questionnaire survey. Perceptions of learning needs were also obtained from instructional and supervisory personnel. Based on the findings of the survey, it was determined that the extreme diversity of learning needs of

these occupational groups required the establishment of a learning center with a flexible approach to programing, rather than the more narrowly defined continuing education center. Guidelines were developed for the planning, implementation, and evaluation of such a center. Contents of the report include: a study of the related literature, basic assumptions about the selected occupational groups, methods and procedures, data analysis, summary, conclusions and recommendations (including the guidelines developed), and a bibliography. Appended are background information of the survey sample and suggested forms for use in the proposed learning center. (Author / ERIC)

77. Leonard Lucille.
Louisiana State Nurses' Association, New Orleans.
Statewide Continuing Education Plan of Louisiana.
Pub. in Jnl. of Continuing Education in Nursing v8 n6 p27-32 1977.

In 1970, Louisiana initiated a program of continuing education for nurses. The main objective of the project is 'to develop and implement a statewide coordinated continuing education program for nurse practitioners in order to improve the nursing care provided to the people of Louisiana. The program operates out of the schools of nursing of six universities located in the State. In 1974, funding of the project was taken over for 3 years by the Division of Nursing, Public Health Service, DHEW. Following the first year of instruction under the program, an informal survey was sent to 171 directors of nursing service in hospitals in order to gauge the impact of the program. An analysis of the 91 surveys that were returned showed that 81 percent felt there had been a positive effect on nursing care in their hospitals, 83 percent felt that the participants had increased their knowledge, 83 percent felt that the participants had shared their new knowledge with the nonparticipants, and 32 percent felt that at least 50 percent of the registered nurses had participated.

78. Leyasmeyer Edith D.
Minnesota Univ., Minneapolis. Area Health Education Center.
Area Health Education Center as a Rural Health Care Provider.
Pub. in Hospitals, Jnl. of the American Hospital Association v50 n21 p107,108,112,114 1 Nov 76.

The Area Health Education Center (AHEC) is a system that links university health services resources with community health care providers, health care facilities, and

educational institutions for sharing of resources and educational opportunities. A pilot AHEC was established at the University of Minnesota Health Sciences Center to serve Central Minnesota. The area encompasses 363,000 people and has 25 acute care hospitals, 75 nursing homes, and four collegiate institutions. Rural rotations of health care professionals and medical students are used to make primary and secondary care available to geographically remote populations. Other AHEC efforts involved support of a rural summer dentistry program and a modular preplanned dietetic trainee program. Regular teaching - consultation visits have been established by the School of Medicine for all physicians expressing a need or desire for such programs. Continuing education opportunities are also available. Quality assurance programs have been instituted in 15 of the acute care hospitals in the area. The AHEC concept creates a system of relationships through which the health care needs of the area can be met through the production of appropriate health manpower and through the continuing education of existing health providers.

79. Loucks Phyllis M.
University Setting for Continuing Education in Nursing.
Pub. in Jnl. of Continuing Education in Nursing v4 n5 p25-29 Sep-Oct 73.

The author suggests that the growth of an androgogical approach in continuing education should be fostered; and that continuing education programs should be organized consonant with re-examined democratic ideals. (ERIC)

80. Lovett Marc.
Hospital Research and Educational Trust, Chicago, Ill.
Hospitalwide Education and Training Project.
Hospitalwide Education: An Organizational Model or an Educational Philosophy.
Pub. in Jnl. of Continuing Education in Nursing v7 n2 p13-17 Mar-Apr 76.

The evolution of the concept of hospitalwide education is examined. An early reference in the literature to hospitalwide education defines it as a program to update skills in all jobs. Hospitalwide education is described as an expanded form of inservice education, with functional responsibility for it placed in a hospital personnel department. An institute sponsored in 1966 by the American Hospital Association on the development and conduct of hospitalwide education and training programs is noted. Between 1967 and 1970, 10 regional conferences on hospitalwide education and training were conducted by the

Hospital Continuing Education Project under a grant from the Kellogg Foundation. Other conferences were sponsored by the project in 1971 and 1972, and over 7,000 hospitals in the United States and Canada were formally exposed to the concept of hospitalwide education in 1972. Differences between the way hospitalwide education is practiced and the way it should be practiced are discussed. Information on the structure, program content, audience, functional responsibility, and range of authority for hospitalwide education programs is presented in tabular form.

81. Mackert Mary Ellen.
Continuing Education Role of a Hospital Association Nursing Consultant.
Pub. in Jnl. of Continuing Education in Nursing v3 n3 p19-22 May-Jun 72.

The information in this article is an indication of one state hospital association's efforts in providing educational opportunities and experiences for the constituents of the state. (Author Abstract)

82. MacVicar Jean; Boroch Rose.
National League for Nursing, Inc., New York. Dept. of Hospital and Related Institutional Nursing Services.
Approaches to Staff Development for Departments of Nursing.
38p 1977 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

This annotated bibliography is presented to assist nurses responsible for staff development programs in a variety of settings. A Medical Literature and Analysis Retrieval System (MEDLARS) search supplemented by other sources forms the bases for the citations. References are grouped according to the following topics: general, methods, examples of specific types of program offerings, 'expanded' roles for nurses, refresher programs, nurse internships, the continuing education unit (CEU), and voluntary versus mandatory continuing education. Available audiovisual aids are also identified. The material listed was published between 1966 and 1976.

83. May Florence.
Wisconsin Univ. - Extension, Milwaukee. Dept. of Nursing.
Collaborative Model for Continuing Education in Nursing.
Pub. in Jnl. of Continuing Education in Nursing v7 n6 p29-46 1976.

The Milwaukee District Nurses' Association (MDNA), Wis.,

and the Wisconsin Regional Medical Program, realizing the need for updating continuing education for nurses, formed the Coordinating Council for the Continuing Education of Registered Nurses in 1969. The Council, which included representatives and faculty from area nursing schools, considered issues related to continuing education, such as the development and budget for continuing education needs of registered nurses (RN), definitions for inservice education, Nursing Commission reports, ongoing inservice education programs via closed circuit television, and identification of resource strengths available in schools of nursing and the community. A calendar of continuing education programs available for RN's in the Milwaukee area was drawn up. The Coordinating Council later merged with the Milwaukee District Nurses' Association Committee on Continuing Education to establish the MDNA Standing Committee on Continuing Education. The obstacles and benefits of coordination are shown in an explanatory chart. A model, which is delineated, was designed for RN's in the surrounding five county area. Characteristics of the RN population, such as number of RN's employed full-time, are described. A program series, consisting of six sessions, was planned for the staff nurse level. Program fees from the 124 nurse registrants provided the only source of funds, and 87 of the nurses were awarded Continuing Education Units at the end of the course. The 1975-1976 Program Schedule and a schedule under consideration are provided. Benefits of the collaboration model are discussed and listed in a table.

84. McGarth Barbara Jo.
Fayetteville Area Health Education Center, N.C.
Nursing in Area Health Education Centers.
Pub. in American Jnl. of Nursing v76 n10 p1605-1607 Oct 76.

The origins and objectives of the Area Health Education Centers (AHEC's) are reviewed and the ways in which this organizational form has involved nurses in North Carolina are described. The AHEC concept was recommended by the Carnegie Commission on Higher Education as a way of improving the health care of persons who lack easy access to the services of health science centers. The commission envisioned that each AHEC would carry out several functions for its assigned geographic area, such as training medical residents and dental candidates on a rotation basis, assisting colleges in training allied health personnel, and providing continuing education locally for physicians, nurses, and other health personnel. Under the plan, a specific university health science center is linked by the AHEC to a region. In North Carolina, with 9 AHEC's at the time of writing, the

centers each have a director, an associate director, other administrative staff, and faculty members who are responsible for planning and conducting educational programs. Some have recruited nurses to plan and supervise nursing activities. These nurses may serve as a link between resources and nurses who desire education activities. They may also assess the continuing education needs of nurses in their regions and help them to meet these needs, and be involved in projects to provide clinical preceptorships, refresher courses, and outreach programs. The article describes several North Carolina AHEC projects.

85. McGill Clo; Molinaro Linda.
Texas Univ. System, Austin. School of Nursing.
Setting Up and Operating Outreach Centers for Continuing Education in Nursing.
Pub. in Jnl. of Continuing Education in Nursing v9 n1 p14-18 1978.

The Continuing Education Program at the University of Texas School of Nursing at San Antonio has designed a regional plan to increase accessibility of continuing education for nurses. Specific steps in setting up and operating outreach centers for continuing education in subregional areas of south Texas are described. The outreach centers are off-campus locations where continuing education activities are made available and accessible through joint efforts of local nursing representatives and staff/faculty from an educational institution which sponsors programming. Responsibility for the centers is shared by the sponsoring institution and the community or area to be served. Either party may make the initial contact with the other group or agency. Physical facilities may be provided by a local agency or institution. Setting up and operating the centers involves five basic steps: establish and clear policies with the administration of the sponsoring institution; select outreach center personnel; select an advisory committee; plan program offerings' content; and evaluate the overall program. A needs survey should be conducted among individual health workers, nursing service directors of health agencies, and the advisory committee to identify learning needs and plan the program. This process is adaptable to any type of sponsoring agency and is feasible without grants or other outside funds.

86. McGill Clo; Barlow Donna.
Texas Univ. Health Science Center, San Antonio. School of Nursing.
Implementing a Regional Plan for Continuing Education in Nursing.
Pub. in Jnl. of Continuing Education in Nursing v7 n5 p30-38 Sep-Oct 76.

A regional approach to solving problems of accessibility and availability of continuing nursing education is described. The Texas plan divides the State into regions in which at least one campus of State-supported baccalaureate nursing education programs is located. Each region has a Council for Continuing Education in Nursing composed of representatives of nursing education programs. The San Antonio Campus of the University of Texas School of Nursing tested the regional plan in an area known as Greater South Texas. The area health education center (AHEC) concept provided a mechanism to facilitate use of the University of Texas Medical Branch in medically underserved areas. Locations were chosen for continuing education satellite centers in three of the six comprehensive health planning regions in the area. AHEC negotiated subcontracts with institutions to act as working centers of the continuing education program. Responsibility for continuing education is shared by local and sponsoring institutions, and the multiinstitutional network is of great importance. Although the name, structure, composition, and number of groups varies in the subregions, each performs in planning, implementing, and evaluating programs. Most of the participants in continuing education programs are staff nurses. Increased accessibility and availability of continuing education services have resulted.

87. McIndoe Thomas C; Butts Trudi.
California Association of Health Facilities, Sacramento.
Some Solutions for In-Service Training in Skilled Nursing Facilities.
Pub. in Amer. Health Care Assoc. Jnl. v2 n1 p62-65 Jan 76.

Meaningful and regularly scheduled inservice training programs for skilled nursing facility (SNF) employees are important to the quality of care. Factors marking the need for inservice training are increased expectations for quality patient care by family members, society, and supervising State and Federal agencies; high turnover rate among employees; and the large number of untrained personnel who function in many capacities. The California Association of Health Facilities was awarded a contract to develop and conduct 12 'train the trainer' courses. Registered nurses and licensed vocational nurses who were

employed in SNF's and responsible for training were eligible to attend courses. An assessment questionnaire completed prior to participation in the courses revealed that most registered nurses were insecure and uncomfortable about their roles as trainers. Alternative ways to facilitate ongoing inservice training were presented to course attendees. The curriculum for each 5-day course covered adult learning theory, the development of behavioral objectives, instructional methods and materials, the implementation of a training program, and practice teaching and evaluation. Course attendees indicated that health care and nursing home associations could make a significant contribution to inservice education in SNF's. The evolution of the training plan for an SNF and the classroom and facility relationship in the 'train the trainer' project are presented in two diagrams.

88. McKenzie Leon R; Puetz Belinda E.
Indiana Univ., Indianapolis. Indiana Statewide Plan for Continuing Education in Nursing.
Indiana Statewide Plan for Continuing Education in Nursing: Formative Evaluation.
143p Jan 76 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 121 808.

The Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN) was implemented to establish a structure for coordinating resources, data, and personnel which would provide quality continuing education for registered and licensed practical nurses in Indiana at the regional level, ultimately leading to the opportunity for nurses in every region of Indiana to maintain competence, meet the changing standards of practice developed by the profession, exercise leadership effecting changes in health delivery services, and achieve career satisfaction. Two questions were foremost in the minds of the evaluators as they designed the evaluation procedure: (1) To what extent has ISPCEN made an impact on the active nurses in Indiana. (2) To what extent is ISPCEN accomplishing the tasks relevant to its goals and objectives. In chapter 2 the design of the formative evaluation is delineated, the nature and scope is outlined, the criteria questions utilized in the evaluation are displayed, and the source of data and techniques for data collection are identified. In chapter 3 each of 16 criteria questions are displayed together with the data that respond to the question. Chapter 4 records the recommendations made by the external consultant and the project director of ISPCEN. Both see the condition of ISPCEN as healthy, productive, effective, efficient, and promising. (ERIC)

89. Medearis Naomi D; Popiel Elda S.
Colorado Univ., Denver. School of Nursing.
Guidelines for Organizing Inservice Education.
Pub. in Jnl. of Nursing Administration v1 n4 p31-37 Jul-Aug 71.

Guidelines for structuring an effective inservice education program are presented. The need for an open communication system in the successful conduct of an inservice education program is emphasized. Consideration is also given to the necessity of having a clear contract or working agreement between a nursing director and an inservice educator. The importance of inservice education program support from a nursing director is discussed. Four responsibilities of an inservice educator are delineated: (1) define his or her role as an inservice director and test it with clients, administrators, staff personnel, colleagues, and auxiliary personnel; (2) determine training needs and set priorities for inservice education programs; (3) identify areas for centralized and decentralized inservice programming; and (4) centralize training programs where a common body of knowledge, a particular skill, or an overall attitude is the focal point of training. Elements of the teaching-learning process are noted as the determination and validation of training needs, the establishment of goals and objectives for educational programming, planning for a course or session and the design of learning experiences, the implementation of planning, the selection of resources, evaluation, and then recycling of the training process. A decentralized inservice education experience is presented in case study form.

90. Michelmore Ellen L.
Curriculum Framework -- Implications for Program Development in Continuing Education in Nursing.
100p 1975 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 75-28290.

91. Moore Marjorie A.
University of Iowa Hospitals and Clinics, Iowa City.
Staff Development for the Professional in the Nursing Service Department.
Pub. in Jnl. of Continuing Education in Nursing v1 n1 p26-32 May 70.

Approaches to inservice education for nurses that take into account the goals of both the employing institution and the individual nurse are discussed. Nursing, as of 1970, had not yet reached a stage of development in

professional growth that made it possible for the typical nurse to assess her own educational needs and to seek ways of broadening her knowledge. Consequently, nursing departments assumed responsibility for developing their professional and nonprofessional personnel by deciding what form development should take and by administering programs to promote development. Many inservice programs are established only because they are required by accrediting agencies. Emphasis is on the existence of the program rather than on its purpose. In true staff development efforts, development is viewed not as an end in itself but as one method by which a department attempts to achieve its goals. Staff development is considered within the context of the total operation of the organization. The responsibility for determining the essentials of the training program should not be delegated to persons with no responsibility for the performance of the personnel in question. Approaches to staff development may emphasize the activities required to staff members, eductional materials with potential for enhancing the general knowledge and skills of the staff, or the individual staff member's responsibility for her own development. Ways in which nursing unit and staff development unit personnel can work together are noted.

92. Morgan Dorothy M.
Continuing Education and Staff Development in Hospitals.
Pub. in Canadian Hospitals p35,36,39-41 Nov 72.

Factors in developing continuing education, inservice training, and staff development programs in hospitals are discussed, with references to university and hospital programs in Canada. Some university continuing education programs take an interdisciplinary approach to their course offerings. Factors in organizing education departments in hospitals are considered. Hospitals under 200 beds probably are well advised to organize their inservice or continuing education efforts within the personnel and nursing departments, whereas larger hospitals may require separate staff development and continuing education departments. Qualifications for directors of education in hospitals are suggested, and the responsibilities of the director are discussed. Kingston General Hospital has achieved changes through a hospital-wide program for staff education and development. The hospital, through an interdepartmental committee on staff education, upgraded its orientation program and held workshops on communication skills. Considerations in establishing staff development programs through either the personnel or the nursing service department are discussed.

Information to be included in orientation and skill training portions of staff development programs is noted, as are factors in selecting teaching methods.

93. Mountain States Regional Medical Program, Boise, Idaho. Mountain States Regional Medical Program Impact on Continuing Nursing Education. Idaho, Montana, Nevada, Wyoming.
23p 1 Sep 73 Available NTIS HRP-0003782

The effects of a regional approach to continuing nursing education in Idaho, Montana, Nevada, and Wyoming are described. The regional program utilizes the existing baccalaureate schools of nursing in each State. In addition, the program provides educational programs in coronary care, inhalation therapy, stroke rehabilitation, and cancer nursing. Frequently, these programs are co-sponsored with voluntary health agencies. Interstate and interregional activities helped to promulgate the expanded nursing role and ultimately the New Manpower Project, which was directed toward encouragement of family nurse practitioner - physician teams. Current continuing education programs deal with topics such as nursing care audit, quality of care mechanisms, and patient care appraisal. A detailed report of continuing nursing education activities within each State, including tables showing the number of participants in each program described, is presented.

94. National League for Nursing, Inc., New York. Council of Hospital and Related Institutional Nursing Services. Four Approaches to Staff Development.
18p 1975 Available as Publication no. 20-1578, from the National League for Nursing, Inc., Ten Columbus Circle, N.Y., N.Y. 10019.

Four approaches to nursing staff development are described that were presented at the 1975 National League for Nursing Convention in New Orleans, Louisiana. The staff development program at the Tucson, Arizona Medical Center, a 557-bed general acute patient care facility, is discussed. Consideration is given in the program to hospital personnel education, basic nursing service costs for the staff development department, orientation and both inservice and continuing education, and written job descriptions for nurse clinicians. The staff development program at the Sinai Hospital in Detroit, Michigan, a 619-bed general teaching hospital, is examined in relation to various mechanisms for professional growth. The Division of Nursing Staff Development at the hospital is responsible for planning and providing orientation

programs for new nursing service employees, providing for the introduction of new technical procedures, conducting entry level job skills for nurse assistants, and providing learning opportunities for the professional development of nursing service staff. Emphasis is placed on clinical aspects of nursing at the unit level. The staff development program of the Mount Sinai Hospital in New York City is based on a continuous long-range process involving modern practices of adult education and a philosophy that all development is self-development. The staff development program in the Greenville hospital system in North Carolina, with a total complement of 1,125 beds, involves orientation and training programs, regular in-house educational programs, special department classes, special one-time classes, and workshops and seminars.

95. New England Council on Higher Education for Nursing, Wellesley, Mass.
Papers Presented at a Conference on Continuing Education for Nurses.
51p 1976 Available NTIS HRP-0017089

The papers and panel discussions presented at the conference were concerned with planning and coordinated action for continuing education for nurses. Special attention was given to the findings of a project which focused on planning coordinated action for the continuing education of nurses in New England. Progress toward coordinated action was discussed in terms of activities in Vermont, New Hampshire, and Massachusetts. Group discussions considered such matters as the major deterrents to Statewide planning for continuing education, the ways in which educational institutions could provide more continuing education offerings, and the true costs of continuing education programs (e.g., publicity and released time). Other topics discussed included the experience of nurses in Indiana with developing a Statewide plan and the question of who should pay for continuing education.

96. Neylan Margaret Sarah; Hewitt Gordon Blair; Hyde Edward J; Murphy H Ormond.
British Columbia Univ., Vancouver.
Interprofessional Approach to Continuing Education in the Health Sciences.
Pub. in Jnl. of Continuing Education in Nursing v2 n4 p21-28 Jul-Aug 71.

The development of an interprofessional approach to continuing education in the health sciences at the University of British Columbia in Vancouver is described.

The university's Health Sciences Center consists of the faculties of dentistry, medicine, and pharmaceutical sciences, and the schools of home economics, nursing, rehabilitation medicine, and social work. Among the center's interprofessional projects, divisions, and offices is the Division of Continuing Education in the Health Sciences, established in 1968. The center's continuing education facility houses the offices of the directors of continuing dental education, medical education, nursing education, and education in the pharmaceutical sciences, as well as programming service and secretarial staff. The continuing education division is administered by a committee consisting of a chairman appointed from among the directors, the other directors, an executive director, and the coordinator of the center. In its first 3 years, the Continuing Education Division sponsored several interprofessional courses, 'uni-professional' courses with an interprofessional approach, provincial conferences on continuing education, and a mobile instructional resource center. The division publishes a yearly composite calendar of courses and events and a composite annual report. Problems encountered in implementing an interprofessional approach to continuing education are reviewed.

97. Oregon State Board of Higher Education, Eugene. Office of Academic Affairs.
Nursing Education in Oregon.
41p 17 Dec 76 Available NTIS HRP-0015076

The changes in needs affecting the nursing education programs of the Oregon State Board of Higher Education are reported in a review of the actions of the board from 1967 through 1976, a status report of continuing education programs for nurses in Oregon, and review of the unresolved problems of nursing education. The expanded roles for nurses requiring specialized training fall into three categories: clinical specialties, patient education, and supervision and administration. Nursing education has the responsibility to keep programs up to date and to assess the need for nurses at different levels. The board action of primary importance is considered to be the 1974 study of continuing education for nurses in Oregon. The 19 recommendations resulting from the study are appended, but the program improvement requests arising from the study were not funded by the 1975 State Legislature. The status of continuing education programs in Oregon is tabulated according to the type of position, educational preparation, employment totals for 1971 and 1975, type of licensure, and age. This report is recommended as a progress report to the board's Committee on Instruction, Research, and Public

Service Programs. It is also recommended that a plan for the expansion of continuing education services for nurses be completed as expeditiously as possible without the sacrifice of quality.

98. Pierce Susan F; Thompson Deborah.
North Carolina Univ. at Chapel Hill. School of Nursing.
Changing Practice: By Choice Rather Than Chance.
Pub. in Jnl. of Nursing Administration v6 n2 p33-39 Feb 76.

A strategy is described for facilitating the implementation of change in nursing practice. The role of inservice education in affecting change and theories of change is reviewed. A five-element strategy is detailed for implementing change in nursing practice: (1) a method must be developed to insure the active participation of staff nurses in evaluating and providing effective care; (2) practical aspects of patient care (time, supplies, resources, and trained personnel) must be assessed; (3) structural provisions must be made for the external reinforcement of staff nurses; (4) formal and informal power and communication structures within nursing must be identified and their functions assessed; and (5) nonnursing formal and informal power and communication structures which affect nursing practice must be assessed and utilized. A bedside data recording sheet and a form for recording nurse notes are included as instruments used at the North Carolina Memorial Hospital in Chapel Hill to affect change. The instruments are designed to improve patient care and change nursing practice through inservice education. It is concluded that the five-element strategy for revising nursing practice through inservice education is a useful technique for accommodating the ongoing nature of change. The role of inservice educators as implementers of information is discussed.

99. Pluckhan Margaret L, et al.
Meeting the Challenge -- Coordination and Facilitation of Statewide Continuing Education for Nurses Through Interdisciplinary and Interagency Action.
Pub. in Jnl. of Continuing Education in Nursing v4 n1 p22-27 Jan-Feb 73.

100. Puetz Belinda E.
Indiana Univ. Medical Center, Indianapolis. School of Nursing.
Implementing a Quarterly Calendar of Continuing Education Activities in Nursing in Indiana.
Pub. in Jnl. of Continuing Education in Nursing v7 n3 p21-25 May-Jun 76.

The implementation of a structure to coordinate continuing education for nurses in the State of Indiana is discussed. The Indiana Statewide Plan for Continued Education in Nursing (ISPCEN) was developed to meet a need for the systematic development of continuing nursing education. One of ISPCEN's tasks was the creation of a calendar of events announcing continuing education offerings in nursing within the State of Indiana. The calendar was to be dispersed widely throughout the State to meet ISPCEN's objective of serving as a clearinghouse for providing Indiana nurses with an up-to-date calendar of continuing education in nursing events on a regional and statewide basis. In the initial development stages of the calendar, lists of potential contributors and / or recipients were provided by 14 ISPCEN regions in Indiana. An effectiveness survey was designed and mailed to all agencies and organizations to obtain their responses to the calendar of events. A decision was made to expand the calendar of events mailing list, based on survey responses. District presidents of the Indiana State Nurses' Association were sent letters asking if they wished to receive the ISPCEN calendar of events. Of 26 district presidents, 10 responded affirmatively. Ten of the 26 division presidents of the Indiana Federation of Licensed Practical Nurses responded that they wished to receive the calendar.

101. Radcliffe Coll., Cambridge, Mass. Programs in Health Care.
Annotated Bibliography for Continuing Education in Health Care Planning, Policy, Regulation, Management.
54p 1977 Available NTIS HRP-0025225

The work presents the results of an extended literature search on continuing education for health practitioners and educators. Over 6,500 citations were examined; those selected were divided into 9 subareas on general health care, health administration, hospital administration, health planning, manpower needs and training, mental health, long term care, nursing administration, and on the job training. The books, booklets, and articles cited were taken from a variety of sources including ERIC and MEDLARS. Some abstracts were prepared by the Radcliffe staff; others are from commercial sources or are authors' abstracts. Sections vary widely in number of citations;

there are 16 on hospital administration and only 5 on manpower. Annotations are quite long, averaging 150 to 200 words. Some are informative, others indicative, and most place the work in the context of the literature as a whole. An unannotated list of supplemental readings is given for many sections.

102. Ranzou Marie-Louise.
San Antonio Coll., TX.
Community College and Continuing Education for Health Care Personnel.
66p 1978 Available from National League for Nursing, Ten Columbus Circle, New York, NY 10019.

Seven essays, first presented at the annual workshop of the American Association of Community and Junior Colleges and the National League for Nursing discuss factors which promote successful continuing education offerings, examine implementation of the continuing education unit (CEU) system, compare patterns of continuing education, and predict future directions for continuing education in health related fields. The essays themselves are concerned with (1) identifying the consumer of continuing education, (2) a simulation game called 'Adult Education in Action', (3) resources for funding continuing education programs for nurses, (4) evaluation of programs and individual courses, (5) the successes and pitfalls of mandatory continuing education, (6) the philosophy, development, adoption, and impact of the continuing education unit, and (7) the community college and continuing education of health personnel. An appendix summarizes group discussions centered on identifying factors which help and hinder continuing education in community colleges.

103. Reilly Dorothy E.
Wayne State Univ., Detroit, Mich. Coll. of Nursing.
Preparation of Objectives for Continuing Education Programs.
Pub. in Occupational Health Nursing v24 n12 p30-33 Dec 76.

The preparation of objectives is a basic step in planning for continuing education programs. The objectives are statements that advise the learner of the expected outcome of the learning experience and advise the program planner of what needs to be in the experience. The institution of a requirement for continuing education places economic, social, temporal, intellectual, physical, and emotional demands on constituents, employers, and the public. It is important that program planners assure that their offerings merit the expenditures involved. One major way

to assure that a program is worthwhile is by clearly defining its focus and then developing it, consistent with that focus. A clearly stated purpose with relevant and concisely expressed behaviors will communicate the intent and direction of the program. The objectives also identify the content and give direction to the teaching methods used, the learning experiences provided, and the evaluation data that will be gathered. The objectives must reflect the issues, movements, and concerns of the society in which the nurse must function. They should also reflect the areas of need found in nursing practice and trends in nursing care. The development of behavior objectives must reflect a concept of the teaching-learning process. Methodology for achieving the objectives should not be included in the statement, however.

104. Savett Laurence A; Good Vivian.
Minnesota Univ., Minneapolis. Medical School.
Continuing Education for Nurses. A Problem Oriented System.
Pub. in Minnesota Medicine v56 n2 Oct 73.

The continuing nurse education program at the Miller Division of United Hospitals in St. Paul, Minnesota is described. The program was designed to improve patient care through enlargement of the nurse's data collection and decisionmaking role and improvement of communication between nurses and physicians. The educational program used the problem-oriented system to educate nurses around individual care situations, taking maximum advantage of teachable moments. Four nursing stations (three general medical-surgical and one intensive care unit) were selected to implement the program. Nurses on each station were instructed in the problem-oriented system of collecting and recording data. Teaching was directly applied to the patients at hand. At least once a week project directors observed the nurse report session after familiarizing themselves with the patients' charts. The nurse responsible for the patient reported the following information: patient's name and clinical problems, observations during the shift pertinent to each problem, overall progress of that problem, and priorities of care for the next shift. Nurses were assigned homework in the form of clinical problems. As a result of the project, the nurses' role as a patient teacher became more viable, and the nurses' self-satisfaction and self-image improved.

105. Schweer Jean.
Indiana Univ. Medical Center, Indianapolis. School of Nursing.
Executive Retreat: One Means of Bridging the Gap Between University Administrators and Faculty Members.
Pub. in Jnl. of Continuing Education in Nursing v7 n5 p44-49 Sep-Oct 76.

The provision of quality continuing education for nurses in Indiana is discussed. The Indiana Statewide Plan for Continuing Education in Nursing is described. The structure of the plan involves the establishment of regional centers, with regional coordinators located in colleges or universities serving given areas of the State. A 1973 report on nursing needs in Indiana is cited which contains recommendations on the role of colleges and universities in providing continuing education for nurses. Because little progress was made toward meeting the recommendations, a retreat was sponsered by the Indiana University School of Nursing in 1975. The objectives of the retreat were to explore factors related to the development of an organizational structure for continuing education programs, to exchange ideas and find ways of providing a sound financial base for continuing education programs, to investigate factors relevant to the preparation of faculty to assume leadership positions in continuing education programs, and to project plans for meeting proposed accreditation standards for continuing education programs as separate entities within university-based schools of nursing. Major issues concerning continuing education were discussed in general sessions, followed by group discussions. Two other retreats were subsequently conducted in 1975 and 1976 to address significant issues in continuing education for nurses.

106. Sherer Barbara Kollman; Thompson Martha A.
El Camino Hospital, Mountain View, Calif.
Process of Developing a Learning Center in an Acute Care Setting.
Pub. in Jnl. of Continuing Education in Nursing v9 n1 p36-44 1/Nov 78.

Under a decentralized administrative plan established during 1973-1974 for El Camino Hospital, the staff development group was responsible for maintaining and teaching clinical skills of the total staff of each of the three clinical complexes. The management support group was responsible for coaching and validating the managerial skills with the head nurses and assistant head nurses in the complexes. In an effort to deal with the problems inherent in a traditional system of inservice instruction,

the size of the staff development department was increased from two to seven, and a 1-day workshop was held for instructors to explore alternatives. A decision was then made to move toward an independent, self-paced learning format in an effort to achieve a clinically-oriented staff development department. A learning center planning committee composed of staff development instructors, head nurses, staff nurses, audiovisual personnel, and a local nursing faculty member was established. The committee established four task forces: operations, philosophy, and objectives, which dealt primarily with administrative matters; publicity; physical design and facilities; and learning center materials. The functional set up of the learning center has six stations, one for use by small groups and five for individual use. The individual modules contain various types of audiovisual hardware. The learning materials task force established some priorities in terms of specific learning needs and procedures for determining ongoing priorities. This task force also devised criteria for in-house development of learning packets and modules and a tool for staff evaluation of the learning center experience.

107. Smith J I.
Circuit Librarian Serves Five Hospitals in Shared Program.
Pub. in Hospitals v50 n8 p83-85 16 Apr 76.

There is increasing emphasis on continuing education of hospital personnel, who need and want access to information in order to be aware of advances in health care. Small hospitals cannot afford to duplicate extensive collections. Personnel of hospitals that are remote from urban centers often do not have opportunities to visit a resource library on a regular basis and do not have experience in searching the medical literature through the use of reference tools. It is increasingly evident that the circuit librarian program has served as a catalyst in establishing relationships between the hospitals and the university health sciences center. The director of the CHSL has consulted with the deans of the nursing and the medical schools and with various professors. They have promised that the schools will try to address identifiable continuing education needs or requests from the hospitals. Moreover, the circuit librarian meets with individual hospital personnel and then obtains information for them from the CHSL and its staff. The circuit librarian program is one way to meet community hospitals' needs for access to health sciences literature and to initiate peer interaction for information exchange. (Journal Abstract)

108. Smyth Sister Kathleen, McMahon Joan.
Workshop Approach to Continuing Education.
Pub. in Nurse Educator v1 n4 p16-20 Nov-Dec 76.

Describes a continuing education program for nurses which taught them to identify and deal with patient care problems. Tables of workshop content are provided. (ERIC)

109. Spikes Frank.
Multidimensional Program Planning Model for Continuing Nursing Education.
Pub. in Lifelong Learning -- The Adult Years v1 n6 p4-8 Feb 78.

The educator planning continuing education programs for nurses should move from a unidimensional focus which examines only the internal determinants of the nursing profession to a wholistic focus embracing a community orientation. This article presents a model comprised of five elements for use in planning continuing nursing education programs. (ERIC)

110. Stearns Norman S; Gold Robert A; Getchell Marjorie E.
Postgraduate Medical Inst., Boston, Mass..
Continuing Medical Education in Community Hospitals. A Manual for Program Development,
187p May 71 Available NTIS PB-278 817/2

The report contains guidelines for continuing education programs in community hospitals, and a model for education program development providing specific how-to techniques and instruments for implementation. Suggested readings are provided throughout the manual. The report is a primary resource for hospital medical educators as well as medical societies, medical schools and other institutions concerned with continuing medical education of physicians. (NTIS)

111. Stevens Joyce; Latshaw Lois L.
Evansville - Vanderburgh School Corp., Evansville, Ind.
Development of a Health Occupations Continuing Education Center.
76p 15 Jun 75 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 124 740.

The final report summarized the development of a health occupations continuing education center. The project was designed to assess the needs of selected health occupations at the vocational level and to develop guidelines for the establishment of a model for a health

occupations continuing education center. The learning needs of licensed practical nurses, nurses aides, and operating room technicians were identified through questionnaires. Perceptions of their learning needs were also obtained from instructional and supervisory personnel. Based on the findings of the survey, guidelines were developed for the establishment and operation of a learning center with a flexible approach to programming to meet the wide diversity of identified needs. Appendixes to the 10-page summary comprise the body of the document and contain: (1) a statement of philosophy and objectives; (2) the guidelines written for the planning, implementation, and evaluation of the learning center; (3) samples of forms to be used in the center; (4) the survey questionnaires; and (5) the report abstract. (Author / ERIC)

112. Stopera Virginia; Scully Donna.
Veterans Administration Hospital, Marion, Ind.
Staff Development Model.
Pub. in Nursing Outlook v22 n6 p390-393 Jun 74.

Common shortcomings in hospital orientation and development programs for nursing personnel are pointed out, and a problem-oriented, individualized staff orientation and development model is suggested. Inservice programs often fail to take into account the assets and liabilities of individual staff members. The suggested model for staff development uses a problemsolving, objectives-based approach consisting of five steps: assessment; identification of problems; solution; implementation; and evaluation. A case-load method is used, with staff development personnel assigned permanently to each newly employed nursing staff member according to clinical area. The model acknowledges the individuality of each staff member, measures the staff member's individual to evaluate her own knowledge and confidence in clinical practice. Each phase of the model is described, and the application of the model is illustrated in a hypothetical case study. The benefits offered by the model are outlined, and the conditions necessary for implementing the model are summarized.

113. Tait Emily Adams; Trussell Patricia M.
Private University Contributes to Community Health.
Pub. in Journal of Continuing Education in Nursing v1 n4 p4-10 Nov-Dec 70.

The program of continuing education at Metropolitan College, an institution affiliated with St. Louis University in Missouri, places primary emphasis on the

diverse continuing education needs of such individuals in the community as professional health workers, housewives, and special interest groups. Measures taken to identify the special continuing education needs of registered nurses are noted. Five goals of continuing education for nurses are to achieve health and patient care goals of the nursing profession and the community, to assist nurse practitioners in realizing their potential, to offer means through which nurses may advance their knowledge of therapeutic techniques and nursing developments, to offer opportunities through which professional nurses may liberalize their backgrounds, and to provide means for nurses in any field of specialty to contribute to their own and to the professional excellence of others. The implementation of the program is detailed, and its functioning and effectiveness are evaluated. Some of the course offerings made available since 1966 include personality development, care of the uremic patient, nursing leadership development, methods of teaching nursing, human genetics, and care of the cardiac patient. Workshops and conferences held under the auspices of the program are reported.

114. Tapper Mildred.
Relationship Between an Andragogical Model and Current Practice in University Schools of Nursing Continuing Education Departments.
204p 1973 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 74-14237.

115. Tobin Helen M.
University Hospitals of Cleveland, Ohio.
Staff Development: A Vital Component of Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v7 n1 p33-39 Jan-Feb 76.

This study focuses the role of staff development within the broad concept of continuing education, continuing education based on different types of preparatory education, the need for qualified personnel and approaches to provide learning opportunities for staff development educators, and major goals for staff development educators. The American Nurses' Association defines continuing education for nurses as planned learning experiences beyond a basic nursing education program. Such experiences are designed to promote the development of knowledge, skills, and attitudes that enhance nursing practice. Both formal and informal learning activities are included in staff development that relate to an

employee's role and occur either within or outside an agency. The broad concept of staff development encompasses orientation and continuing education. It is recommended that continuing education be based on different types of education. The need for prepared nurses as staff development educators is stressed. Five major goals for staff development educators are listed: (1) to conduct a staff development program that is relevant to educational needs of the learner and health needs of the consumer; (2) to foster a climate conducive to the identification of staff learning needs; (3) to facilitate constructive working relationships among clinical nursing personnel; (4) to utilize concepts of adult learning in planning and implementing learning experiences; and (5) to collaborate with colleagues, peers, and others in the community in providing learning experiences.

116. Wilson Jennifer Dahlby.
Columbia Univ., New York. Teachers Coll.
Agricultural Extension Model's Applicability to Continuing Education in Nursing.
174p Aug 76 Available from University Microfilms, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM no. 77-4198.

The feasibility of applying the agricultural extension model of continuing education to the organization of continuing education in nursing is examined. The resultant proposed model for nursing continuing education involves a tripartite organizational structure, including a central federal division for continuing nursing education; State university extension programs in continuing nursing education, including programming activities and subject-matter specialists to provide technical advice and assistance to extension nursing faculty; and area continuing nursing education agents at a multi-county level, who would be the main contact point between the nurse and the university. In the proposed model, the program development process would depend on the clientele's involvement in programming, an analysis of the continuing education needs within a specific locale, and the voluntary cooperation of other groups involved in continuing nursing education. The cyclical process of program development would include development of a long-range program designed to reach the program's goals, derived from a need analysis; development of an annual plan of work derived from the long-range program and outlining the extension nursing activities for that year; implementation of the educational activities; and evaluation. The program would be funded through a combination of public funds and program fees.

117. Wisconsin Univ. Extension, Madison. Health Sciences Unit.
Continuing Education in the Health Professions and Related Sciences.
67p 1973 Available NTIS HRP-0000863/1

The Health Sciences Unit of the University of Wisconsin, Madison, has listed its continuing education activities scheduled for the 1973-74 academic year. The information is given by starting date, location, title, intended audience, objectives, faculty, contact person, and fee. In addition, the scheduled activities for the Telephone/Radio Conference Network (ETN), some of the other activities and services available from the several departments that make up the Health Sciences Unit, and a detailing of the faculty, department by department, are included. Specifically, 1973-74 program offerings are listed for the following departments: health facilities administration, extension services in pharmacy, department of nursing, department of continuing medical education, community health, and continuing education in mental health. (NTIS)

118. Yokes Jean A; Westura Edwin E.
American Nurses' Association, Kansas City, Mo.
RMP Nurse - Physician Team Approach to Continuing Education at the Community Level.
Pub. in Jnl. of Continuing Education in Nursing v4 n5 p20-23 Sep-Oct 73.

The bi-State Regional Medical Program (RMP), which serves parts of Illinois and Missouri, recently developed a nurse - physician team approach to extend the latest diagnostic technology and knowledge from the tertiary care centers to the primary and secondary health care centers. In this pilot program, physicians in cardiopulmonary subspecialty training at a St. Louis medical school spent one month in three key locations in the bi-State RMP region, working with local physician staffs. Teaching sessions for nursing staffs were also conducted. A nurse coordinator then made contact with nurses in an effort to learn the local nursing continuing education needs related to cardiopulmonary disease. Seminars were later developed to present further information to the physicians and nurses. It was proposed that a nurse fellow-in-residence work directly with the nursing staff in solving nursing care problems and providing advanced knowledge, and she would be supervised by a nursing coordinator to provide coordination between the school of nursing and the hospital. This development of formal continuing education programs and participation brings the tertiary care expertise to the community health care center. To maximize the investment in time and effort, cassette

recordings of the program presentations were made and offered on a free-loan basis to other health professionals. Further suggestions for improving the program are offered.

III. TRENDS AND ISSUES

119. American Nurses' Association, Kansas City, Mo.
Accreditation of Continuing Education in Nursing: Colleges and Universities.
34p 1975 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

The American Nurses' Association (ANA) accreditation mechanism for continuing education in nursing is outlined with emphasis on criteria and processes for the accreditation of nursing programs in colleges and universities. The ANA accreditation program, which emcompasses local, State, regional, and national levels and identifies criteria for accrediting agencies and associations as well as educational programs, places emphasis on self-regulation and collaboration among all levels of ANA and other national organizations sponsoring continuing education activities. Following an outline of the structure and function of the ANA accreditation program, specific guidelines are presented for institutions wishing to acquire accreditation by a regional accrediting committee for a continuing education program. The guidelines deal with eligibility, capability statements, fees, and the application procedure. Criteria for accreditation are set forth relative to purpose and philosophy, organizational structure, planning, resources, and self-evaluation. A copy of the form to be used in applying for accreditation, accompanied by instructions for its completion, is appended, as is a glossary. Organizational flow charts accompany the description of the ANA accreditation structure at the national and regional levels.

120. American Nurses' Association, Kansas City, Mo.
Accreditation of Continuing Education in Nursing: State Nurses' Associations, National Specialty Nursing Organizations, Federal Nursing Services, State Boards of Nursing.
21p 1975 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

The American Nurses' Association (ANA) mechanism for accreditation of continuing education programs for nurses

is outlined, and criteria and guidelines are presented relative to the accreditation of such programs offered by national specialty nursing organizations, Federal nursing services, State boards of nursing, and State nurses' associations. The ANA accreditation mechanism, which also encompasses continuing education program offered by colleges and universities, emphasizes self-regulation and collaboration among all levels of the ANA and other national organizations and agencies sponsoring continuing education activities. Following an outline of the national and regional structure of the ANA accreditation program, guidelines concerning eligibility, capability statements, application procedures, and fees are presented for potential applicants for ANA accreditation. Criteria for accreditation are noted relative to purpose and philosophy, organizational structure, planning, resources, and self-evaluation. In addition, conditions under which accreditation may be obtained from State Nurses' Associations and other organizations are outlined. Sample application forms and instructions and a glossary are appended.

121. American Nurses' Association, Kansas City, Mo.
Continuing Education Guidelines for State Nurses' Associations.
11p 1974 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

The American Nurses' Association (ANA) position regarding the efforts of State nurses' associations to promote opportunities for continuing education and to establish voluntary systems for recognition of nurses who participate in continuing education programs is set forth. The ANA policy on continuing education is based on the following principles: (1) continuing education is essential to continued competence; (2) continued competence in practice is an individual responsibility; (3) the public holds the profession accountable for the competence of its practitioners; and (4) the profession carries responsibility for establishing standards for continuing education activities in which the practitioners of that profession participate, and for establishing a climate and mechanisms to facilitate continued learning. The rationale for the ANA's position is noted, and the responsibilities of both the ANA and the State associations for continuing education are discussed. Reasons for establishing consistency in the approach to recognition of continuing education programs between and among the State nurses' associations and between the State associations and the ANA are noted. Guidelines are

suggested as a means of developing such consistency through standardized Continuing Education Recognition Programs in the States. A glossary of terms is provided.

122. American Nurses' Association, Kansas City, Mo.
American Nurses' Association Standards for Nursing Education.
51p 1975 Available from American Nurses' Association, 2420 Pershing Rd., Kansas City, MO 64108.

Standards for affecting improvement in the education of nurses are discussed in a report prepared by the Commission on Nursing Education of the American Nurses' Association (ANA). The standards set forth the major educational goals encompassing graduate education, basic education, and continuing education. They provide a means of monitoring the quality of educational programs, as well as a means of supporting innovation and testing new roles in nursing. The focus of the standards is on education for nursing practice. In addition, they reflect concern for the promotion of social and political action in order to improve health care and its delivery within a community and for the provision of learning experiences which emphasize major health care issues. Standards for programs leading to graduate degrees in nursing are outlined in relation to institutions, students, faculty members, programs, facilities and resources, and organization and administration. Standards for basic education in nursing and for programs leading to associate degrees and to diplomas from hospital schools of nursing are also outlined in relation to the same educational components as for graduate degrees in nursing. Continuing education standards are delineated with regard to the ANA, State nursing associations, individual nurses, faculty members, and employers. A glossary of terms used in the standards is provided.

123. American Nurses' Association, Kansas City, Mo.
Accreditation of Continuing Education Programs Preparing Nurses for Expanded Roles.
37p 1975 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

The American Nurses' Association (ANA) accreditation mechanism for continuing education programs in nursing is outlined, with emphasis on programs preparing nurses for expanded roles. The mechanism emphasizes self-regulation and collaboration between all levels of the ANA and other national organizations and agencies which sponsor continuing education activities. The overall structure and function of the ANA's National Accreditation Board for

Continuing Education is described, followed by details of the review team structure used in the accreditation of continuing education programs that prepare nurses for expanded role functions in community health, geriatric services, maternal - child health care, medical - surgical care, and psychiatric - mental health care. Included are criteria for selection of members of the National Review Committee, which reports directly to the National Accreditation Board, and descriptions of the functions and composition of the individual review teams and site visit teams. Criteria for accreditation of expanded role programs are outlined in the areas of philosophy, selection of candidates, program objectives, program content, teaching strategies, physical resources, evaluation, and recordkeeping. A copy of the ANA accreditation application form for short term continuing education programs preparing nurses for expanded roles is provided. A glossary is included.

124. American Nurses' Association, Kansas City, Mo.
Accreditation of Continuing Education in Nursing.
69p 1975 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, MO 64108.

Accreditation for continuing education for nurses is defined as a process whereby the American Nurses' Association (ANA) grants public recognition to activities which meet certain standards, as determined by initial and periodic evaluations. The ANA accreditation mechanism for continuing education in nursing is outlined, with emphasis on self-regulation and collaboration. The structure of accreditation is described and illustrated. Procedures for obtaining accreditation are detailed, and the interstate transferability of continuing education activities based on common standards and criteria is addressed. Particular attention is given to the following aspects of accreditation: (1) the National Accreditation Board for Continuing Education; (2) regional committees; (3) continuing education programs in nursing with universities and colleges and programs offered by State nursing associations; (4) continuing education programs in nursing offered by national specialty nursing organizations, Federal nursing services, and State boards of nursing; (5) processes and criteria; (6) approval by State nursing associations, national specialty nursing organizations, Federal nursing services, and State boards of nursing; and (7) the preparation of nurses for expanded roles. Applications for accreditation, the approval of continuing education activities, and the accreditation of short-term expanded role programs are appended. A glossary is included.

125. American Nurses' Association, Kansas City, Mo.
Continuing Education in Nursing: An Overview.
9p 1976 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, MO 64108.

Basic aspects of continuing education for nursing are highlighted in a document intended to provide a concise overview of the subject. The booklet briefly defines continuing education, using the American Nurses' Association (ANA) view of the concept (i.e., planned learning experiences beyond a basic nursing education program which are designed to promote development of knowledge, skills, and attitudes for the enhancement of nursing practice, thus improving health care to the public). It then addresses such issues as why continuing education is necessary, what the official position of the ANA is regarding continuing education, and who is responsible for continuing education. Responsibilities are outlined for individuals, employers, sponsors, State nurses' associations, and the ANA. Other areas addressed are the reasons why compatibility between State continuing education systems is necessary, the components of a State continuing education system which facilitate interstate transferability of individual continuing education records, the way in which continuing education is measured, and eligibility for participation in the Continuing Education Approval and Recognition Program. The document concludes with a glossary of terms which must be used in order to have compatible systems (common terminology is cited as one of the components important for transferability of continuing education records among States) and a list of documents available from ANA which relate to continuing education for nurses.

126. American Nurses' Association, Kansas City, Mo. Council of State Boards in Nursing.
Three Compilations: 1) The Practice of Nursing as Defined in State Nursing Practice Acts. 2) Composition and Qualifications of Boards of Nursing and Statutory Advisory Councils. 3) Summary of Trends in the Composition and Qualifications for Persons on State Boards of Nursing.
89p Feb 77 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, MO 64108.

Tabular data and narrative information is presented on the practice of nursing, as defined in State nursing practice acts, and on the composition of State boards of nursing and the qualifications of board members. The practice of nursing is defined for each State, the District of Columbia, Guam, and the Virgin Islands. It is pointed out that the role of nurses has changed to include expanded activities and that the definition of the practice of

nursing has changed in many States to reflect this role. The State board of nursing is noted as the State agency responsible for the administration of the nursing practice act. The purpose of the council of State boards of nursing is to provide leadership and guidance to individuals responsible for implementing State laws that deal with licensure, nursing education, and nursing practice. Definitions of nursing practice are given for both professional nurses and licensed practical nurses. Tabular data on the title, composition, length of term, method of appointment, and qualifications for State board members are provided. The composition and functioning of board councils, if existent in a State, are detailed. Trends in the composition of members on State boards of nursing and their qualifications are reviewed.

127. American Nurses' Association, Kansas City, Mo. Council of State Boards of Nursing.
Licensure and Credentialing.
35p 1974 Available from American Nurses' Association, 2420 Pershing Rd., Kansas City, Mo. 64108.

The proceedings of an American Nurses' Association conference on licensure and credentialing are documented. The conference, held in Detroit, Michigan in April 1972, was attended by members and professional employees of State boards of nursing and the ANA Advisory Council. The opening presentation is a summary of the DHEW Secretary's 1971 report to Congress on licensure. The report covers a 2-year moratorium on licensing, establishment of a national task force to recommend means of improving licensure practices, the potential of model laws in the area of health profession licensure, institutional licensure, State examining boards, congressional interest in credentialing, and extended roles for nurses. A summary is also presented of the Study of Accreditation of Selected Health Educational Programs. The purpose of the study was to look at the accreditation conducted for selected health education programs. Other presentations deal with establishment of a joint commission for designation and implementation of medical-nursing activities, and the future of occupational licensing. A commentary is presented on the recommendations of the DHEW Secretary's report, with particular reference to its implications for nursing. Discussions which followed each of the conference presentations are recorded.

128. American Nurses' Association, Kansas City, Mo. Council of State Boards of Nursing.
State Boards of Nursing and Education for Nursing Conference, October 8-10, 1974.
27p 1975 Available from American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

Reprints are provided of papers presented to the State Boards of Nursing and Education for Nursing Conference, sponsored in October 1974 by the American Nurses' Association Council of State Boards of Nursing. The following topics are addressed: (1) the relationship between State and voluntary accreditation; (2) Statewide planning for nursing education; (3) nursing education today and in the future; (4) the professional association's responsibility for nursing education; (5) the role of State boards of nursing in post - basic nursing education; (6) the development of criteria for accreditation and curriculum innovation; and (7) approaches to school surveys and the role of the State board in these surveys. A summary of group discussions concerning these topics is provided, together with suggestions and recommendations made by the groups. Among these recommendations are: replacement of the term 'minimum requirements' in State board rules and regulations with the term 'legal requirements;' publication, by school, of pass-fail results of candidates for licensure; 'approval' of nursing education programs by State boards rather than 'accreditation' of these programs; definition of the entry levels to nursing practice and development of appropriate licensing examinations by the Council of State Boards of Nursing; better articulation between programs so that students can transfer more easily from one program to another; improved rapport between various health licensing boards; exertion of legislative and regulatory power by State boards to control initiation of new programs and continuation of existing programs that do not meet standards; employment of adequate personnel to implement the regulatory functions of State boards; and examination of the continuing competence of nurses to engage in practice in a conference on that topic.

129. American Nurses' Association, Kansas City, Mo. Council of State Boards of Nursing.
Licensure and Credentialing. Proceedings: ANA Conference for Members and Professional Employees of State Boards of Nursing and ANA Advisory Council. 1972.
35p 1974 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

The proceedings of a three-day conference for members and

professional employees of State boards of nursing and the American Nurses' Association Advisory Council, held in April 1972 in Detroit, Michigan, are reported. The conference focused on the issues of licensure and health personnel credentialing. Included in the report are a summary and discussion of the DHEW Secretary's August 1971 report to Congress on licensure; excerpts from a report on the accreditation of selected health education programs; a legislative proposal concerning the establishment of a joint commission for the designation and implementation of medical - nursing activities; a discussion of occupational licensing; and a commentary on the DHEW report on licensure. Among the aspects of the DHEW report summarized and discussed are expansion of the manpower information bases, review of health services, accreditation, certification, a call for a moratorium on licensing, establishment of a national task force to recommend means of improving licensure practices, model laws, institutional licensure, State examining boards, Congressional interest in credentialing, and extended roles for nurses. The study of accreditation of selected health educational programs undertook to define the primary processes conducted under the broad term of credentialing, to state basic policies for accreditation, and to examine the accreditation of 15 selected health educational programs. In a brief summary report, the study's director reviews the relationship of accreditation to certification and licensure and the role of accreditation in the credentialing system. The legislative proposal for establishment of a joint commission would offer nurses a mechanism for defining which activities fall within which areas of the overall profession of nursing. Verbatim documentation of these and other conference reports and discussions are provided.

130. American Nurses' Association, Kansas City, Mo. Council on Continuing Education.
Continuing Education in Nursing: Guidelines for State Voluntary and Mandatory Systems.
24p 1975 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, MO 64108.

To facilitate interstate recognition of continuing education activity for nurses and to provide transferability of continuing education records among States, three components are suggested for comparability: definition of terms, American Nurses' Association (ANA) criteria for offerings and program approval, and common categories of required or recognized activities. The purposes of a continuing education recognition and approval system are: to record the participation of individual nurses in continuing education activities; to

encourage the acquisition of knowledge, skill, and attitudes to maintain competence to deliver health care; to recognize the individual nurse's activities; to provide a data base related to available continuing education programs and offerings; and to assist State nursing associations in planning to meet identified needs in continuing education offerings. Mechanisms for developing a State approval and recognition program (both voluntary and mandatory) are recommended, as are mechanisms for implementing a State continuing education system. A glossary of terms is included.

131. American Nurses' Association, Kansas City, MO.
The Study of Credentialing in Nursing -- A New Approach. Volume II -- Staff Working Papers.
507p Oct 79 Available from American Nurses Association, 2420 Pershing Road, Kansas City, MO 64108.

132. American Nurses' Association, Kansas City, MO.
The Study of Credentialing in Nursing -- A New Approach. Volume I -- The Report of the Committee.
98p Mar 79 Available from American Nurses Association, 2420 Pershing Road, Kansas City, MO 64108.

133. American Nurses' Associaton, Kansas City, Mo. Commission on Nursing Education.
Standards for Nursing Education.
51p 1975 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, Mo. 64108.

Standards are offered by the American Nurse's Association for graduate education, basic education, and continuing education in nursing. Four basic assumptions about nursing, the nursing profession's responsibility to society and to students, and nursing education indicate the profession's approach to education. The standards for programs leading to graduate degrees include a statement of goals and provides criteria for institutions, students, faculty, facilities, resources, and organization and administration. Goals are also enunciated for programs leading to baccalaureate degrees and to diplomas from hospital schools of nursing. Standards are offered for institutions, students, and faculty in basic education programs. The final section on standards for continuing education contains a discussion and definition of continuing education as well as identifying the goals and responsibilities of the American Nurse's Association, State Nurse's Associatons, the individual, the faculty,

and the employer. A standard of measurement for hours devoted to continuing education and a glossary of terms are included.

134. Association of Operating Room Nurses, Denver, Colo.
Some Answers to Common Queries about CE Issues.
Pub. in Association of Operating Room Nurses Jnl. v21 n1 p21-22 Jan 75.

The Association of Operating Room Nurses (AORN) answers some questions about continuing education (CE) for its members. AORN provides CE programs for its members, but does not keep a data bank of records. It is felt that this would best be accomplished with one national data bank under the auspices of the American Nurses' Association. This would be the most efficient way to keep records in the event that educational requirements become tied to State relicensure. Local chapters are requested to schedule dates for workshops through the AORN headquarters education department. Members of the AORN National Committee on Education are responsible for approving the programs in the chapter-sponsored regional institutes. Procedures that a chapter should follow in order to have a regional institute or 1-day workshop considered for AORN approval are listed. Programs designed by AORN are planned and presented by National AORN or local chapters, and CEU (continuing education units) certificates are awarded for the programs. Headquarters retains a record of the program and a list of all attendees, and in addition, provides planning manuals available for use by chapters. Publicity is provided if chapters sponsoring programs will notify the AORN Journal 3 months in advance.

135. Barrett Jean; Gessner Barbara A; Phelps Charlene.
Yale Univ., New Haven. School of Nursing.
Head Nurse: Her Leadership Role. Edition Number Three.
450p 1975 Available from Appleton-Century-Crofts, 292 Madison Ave., New York, NY 10017.

The third edition of this text has been prepared to indicate leadership possibilities for the head nurse and to encourage head nurses to take advantage of educational opportunities to develop leadership skills and increase their clinical and managerial competencies. In the first section, the nursing needs of the patient are treated with attention to the quality of care the patient and his family have a right to expect, standards and objectives of nursing care, and the responsibility of the head nurse for establishing and attaining objectives. The second part is devoted to the nursing process, and subjects covered

include assessing nursing care requirements of hospitalized patients, nursing care planning, implementing the plan for nursing care, and evaluation of nursing care. Organization and administration of the hospital for delivery of patient care are then discussed from the perspective of the head nurse. The final section is concerned with the head nurse's responsibility for staff development, with separate articles on inservice education, orientation, clinical supervision, evaluation, and self-development. Each chapter is summarized, followed by suggested questions for discussion, exercises, problems for investigation, and annotated references. Author and subject indexes are appended.

136. Chamberlain Jeanette G.
National Institute of Mental Health, Rockville, Md. Div. of Manpower and Training Programs.
AHCA Special Report -- Continuing Education Begins at the Top.
Pub. in American Health Care Association Jnl. v3 n5 p6,8,10 Sep 77.

The availability of and necessary attributes associated with continuing education for nurses are explored. Three recommendations of a 1963 study by the Surgeon General's Consultant Group on Nursing were that Federal funds be granted to hospitals and health agencies to improve the utilization of nursing service and to strengthen inservice education, on-the-job training, and continuing education; that preparation for administration requires education at the master's or doctoral level; and that directors of nursing service in long-term care facilities have at least a bachelor's degree. Other studies on the importance of educational experiences are cited. Turnover is noted as one of the most significant problems faced by management. In a study initiated to compare selected learning experiences of 47 directors of nursing and to compare the effects of these experiences on turnover among nursing aides, a mail questionnaire was developed that included 21 items relating to clinical care, nursing administration, and general administration. Turnover rates among nursing aides were significantly lower in long-term care facilities where nursing directors had at least 10 or more hours of learning in the content areas of nursing care and psychosocial problems of aging, the philosophy and management of nursing care in long-term care facilities, and group leadership skills. The implications of continuing education for quality nursing care are discussed.

137. Chater Shirley.
California Univ., San Francisco. School of Nursing.
Operation Update: The Search for Rhyme and Reason.
23p 1976 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Some paradoxes in nursing terminology are examined, and a conceptual framework for updating nursing operations is suggested. Nursing is defined as a process through which care is provided to individuals, families, or groups primarily around health-related problems. Medical practice, on the other hand, is primarily cause and cure oriented. The language of nursing does not fit neatly into prescribed categories; however, nursing terminology is examined in three areas: nursing education, nursing practice, and nursing roles. Two popular misconceptions are disputed: that formal education makes little difference in nursing practice and that nurses' new roles and responsibilities have sufficiently changed so that nurses practice medicine as much as they practice nursing. A model is suggested for reframing the problems of nursing education or service using three components: setting, student (client or patient), and subject (nursing, expanded, role, or specialty area). The model is a representation of a conceptual framework that serves as well for program development for nursing service as it does for nursing education or continuing education. A bibliography is included.

138. Cleland Betty.
Should Continuing Education be Mandated.
Pub. in the Professional Medical Assistant v11 p10-14 Jul-Aug 78.

The question of whether or not continuing education should be mandated is discussed. It is noted that in the 1977 legislative sessions, bills were introduced to require continuing education for nurses' relicensure in almost 12 States. Prior to that, 12 States were imposing continuing education as a requirement for relicensure of physicians and 5 other States had been given power to impose such requirements. Six States are reported to have required continuing education for relicensure of psychologists. A discussion of the involvement of the courts in the continuing education issue is provided. It is pointed out that mandatory continuing education is an investment against obsolescence; that continuing education will insure that the professions are well informed and will increase the morale of the individuals involved; and that health care professionals should not be immune from responsible performance. It is noted that the vehicle for the enforcement of a continuing education requirement has

already been created in the form of licensing boards. It is suggested that the licensing boards act before a legislator does it for them.

139. Cohen Harris S; Miike Lawrence H.
Bureau of Health Services Research, Rockville, Md.
Developments in Health Manpower Licensure: A Follow-up to the 1971 Report on Licensure and Related Health Personnel Credentialing
69p Jun 73 Available NTIS PB-227 544/4

This is a follow-up to the 1971 Report on Licensure and Related Health Personnel Credentialing and represents the interim report promised in that report. It also demonstrates DHEW's firm commitment to establish an information clearinghouse on professional licensure. Part One of the report assesses the previously recommended moratorium on the licensure of new categories of health manpower not presently licensed by the States and its recommended extension through 1975. Part Two, consisting of eight chapters, considers recent developments in the licensure of health manpower. (NTIS)

140. Cooper Signe S.
Wisconsin Univ. - Extension, Madison. Dept. of Nursing.
Trends in Continuing Education in the United States.
Pub. in International Nursing Review v22 n4 p117-120 Jul-Aug 75.

Major developments in continuing education for nurses are discussed. It is noted that hospitals, other employing agencies, and educational institutions increasingly are offering learning opportunities to nurses. Many learning approaches particularly suitable to the adult nurse learner, including independent and self-directed learning techniques, are being developed. Professional nursing organizations have formally recognized continuing education. Experimentation with the measurement of continuing education activities has been undertaken. Continuing education has been promoted as a condition for relicensure of nurses, although not all nurses agree with the concept of mandatory continuing education. There is a barely perceptible trend toward recognition of the need for research in continuing education in nursing. Areas of needed research include the learning needs of nurses, the impact of inservice and continuing education on nursing practice, and the comparative effectiveness of various teaching methods. It is noted that developments in continuing education for nurses are closely related to professional and societal trends, developments in medicine and other health professions, scientific advancement, and

the state of the economy. It is predicted that recognition of continuing education as a necessity for professional practice will increase.

141. Cooper Signe S.
Continuing Education -- Yesterday and Today.
Pub. in Nurse Educator v3 n1 p25-29 Jan-Feb 78.

142. Cooper Signe S.
Brief History of Continuing Education in Nursing in the United States.
Pub. in Jnl. of Continuing Education in Nursing v4 n3 p5-14 May-Jun 73.

143. Department of Nursing, Health Sciences Unit University of Wisconsin-Extension. Position Paper on Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v8 n1 p37 Jan-Feb 77.

144. deTornyay Rheba.
California Univ., Los Angeles. School of Nursing.
Continuing Education: Professional Responsibility or Governmental Regulation.
Pub. in Occupational Health Nursing v23 n6 p7-10 Jun 75.

The responsibility for continuing education in the field of nursing is analyzed. Major health problems to be considered by nurses in a changing society are noted as genetic counseling, single parents, human sexuality, interpersonal relationships, developmental disabilities, drug abuse, environmental pollution, and the aging crisis. Various aspects of licensure are examined. According to the American Nurses' Association (ANA), continuing education involves short-tem courses or programs offered by institutions of higher learning but not necessarily directed toward a degree. The ANA also recognizes as continuing education independent and informal study carried out by a nurse, including individual and systematic study of practice, inservice education, interdisciplinary conferences, and other professionally related programs. The issue of continuing education as a professional responsibility or a function of governmental regulation is investigated. Whether continuing education is voluntary or mandatory, it is felt that consideration should be given to costs, relevancy, standards, and availability. The statement is made that continuing education must result in improved patient outcomes.

145. Florida Nurses Association, Orlando.
Maryland Licensed Practical Nurses Association, Baltimore.
Continuing Education Programs in Nursing. Two Documents -- The Florida Nurses Association Landmark Statement and Maryland Practical Nurses Association Continuing Education Program.
7p 1973 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 091607.

In working toward a goal of encouraging all nurses to participate in continuing education programs, the Florida Nurses Association has defined its standards for continuing education certification. A certification board was established, and the purpose for certification outlined. Four concepts are explained in the standards: certification, the manner in which recognition is given, how the continuing education unit (CEU) is to be used, and the certification requirements. Activities and professional participation are considered in examples of the contact hours and their relationship to the CEU. Procedures for obtaining CEU for programs are outlined. The Maryland Licensed Practical Nurses Association defines the continuing education program, states the objectives which the application for CEU will fulfill, and outlines the continuing education program administration. Procedures for recording CEU are itemized, and standards for assigning credit established. Licensure requirements are restated. (ERIC)

146. Forni Patricia R.
Southern Illinois Univ. at Edwardsville. School of Nursing.
Continuing Education vs. Continuing Competence.
Pub. in Jnl. of Nursing Administration v5 n9 p34-38 Nov-Dec 75.

The position that continuing education for nurses can be equated with continuing competency is challenged. Pressures that have been brought to bear on the nursing profession for competency in practice are reviewed in five areas: accreditation standards, Federal requirements, statutory requirements, organizational activities, and professional activities. Alternative means by which nurses continue to learn outside of formal continuing education activities are cited, such as participation in self-study, research activities, nursing rounds, audit, and committees; reading professional literature; attendance at professional meetings; colleague interaction; and work experience. The assumption that continued education will guarantee first-class nursing care should be questioned by those who seek to link mandatory continuing education with relicensure. A

position paper by the Registered Nurses' Association of British Columbia endorsing continuing education as one means for maintaining competency but rejecting continuing education as a condition for relicensure is cited. An American Pharmaceutical Association task force report in which a distinction is made between continuing competency and continuing education is also cited. Several methods for monitoring competency are available (e.g., nursing audits, peer review) and these may be more appropriate ways of ensuring continuing competency than is mandatory participation in continuing education.

147. Germaine Anita.
Scarborough Centenary Hospital, West Hill (Ontario).
More on Inservice Education.
Pub. in Hosptial Administration in Canada v14 n9 p54, 58, 60 Sep 72.

The elements of inservice education and the respective roles fo the physician and the nursing department in providing meaningful nursing education are discussed. Inservice education for nurses has four components: (1) orientation; (2) sharpening of existing skills and knowledge; (3) development of new skills and knowledge in order that the nurse can function in specialty departments; and (4) leadership development. While some nurses appear to view nursing education as completely dependent on physicians lecturing to nurses, nursing education is in fact the responsbility of nursing educators. When setting up a program it is important to first consider which knowledge and skills are already available, which are needed, what information physicians should be asked to provide, and how that information can be integrated into the nursing care program. When approaching the physician, the information wanted should be spelled out in detail, bearing in mind that the purpose of the request is not to obtain information that the physician thinks nurses need to know but rather what the department knows it is lacking. A sample of a nursing department form which requests physician participation in an inservice program is provided.

148. Good Janet L.
Mountain Bell, Denver, Colo.
Current Personnel Development and the Nurse Practitioner.
Pub. in Occupational Health Nursing v23 n7 p7-9 Jul 75.

Developments in certification of nurses and in the expansion and updating of nurse practice acts are discussed. The American Nurses' Association (ANA) defines certification as the minimum qualifications required for

excellence of practice within a particular specialty recognized by ANA. The five recognized specialty groups are medical-surgical nursing, psych-mental health nursing, maternal-child health nursing, community health nursing, and geriatric nursing. It is noted that, because of the slowness of the ANA to implement its certification program and the icnreasing demands of consumers for proof of competency from health professionals, many nursing subspecialities have implemented their own certification programs and tests. Many practitioner groups have established proficiency programs and tests with separate guidelines. A few States have mandatory continuing education recognition programs. However, the mandates are proving difficult to enforce, because no systems have been established for providing continuing education in remote areas. The differences in concept between the physician's assistant and the exapnded-role registered nurse are pointed out, with emphasis on the latter's independence from the physician. The potentially adverse effects of institutional licensure for nursing are noted. Nurses are urged to approach State legislators concerning revisions in the scope of practice delimited in nurse practice acts.

149. Hershey Nathan.
Pittsburgh Univ., Pa. Graduate School of Public Health.
Institutional Licensure for Health Professionals.
Pub. in Hospital Progress v7 n9 p75-80 Sep 76.

The concept of institutional licensure for health care professionals is explored. Institutional licensure was proposed as an alternative to traditional licensure in order to permit more flexibility in the provision of health services and allow health professionals to advance their careers or assume greater responsibilities. Reactions to institutional licensure are examined. These reactions are categorized on the basis of those who are not directly affected by institutional licensure and those who are directly affected. It is noted that many nurses are critical of institutional licensure because they believe that it will eliminate individual accountability. The statement is made, however, that institutional licensure will not affect the personal accountability of nurses in terms of liability for substandard performance. Changes made to health profession licensure acts are noted. Two studies funded by DHEW to investigate the feasibility of using the institutional approach to regulate health professionals are cited. Legislative acts incorporating institutional licensure are reviewed, and elements of institutional licensure found in most physician's assistant legislation are identified. Consideration is given to the court's expansion of institutional liability.

150. Jordan Clifford H.
Pennsylvania Univ., Philadelphia. School of Nursing.
Awareness for Action.
Pub. in AORN Jnl. v25 n7 1977.

Professional concerns of the Association of Operating Room Nurses (AORN) are discussed. AORN is accredited for continuing education by the American Nurses' Association. It develops and conducts educational programs for operating room nurses and, through its membership, has a commitment to support and advance the specialty practice of nursing in the operating room. A committee has been initiated by AORN to establish innovative directions for nurses in the operating room. The goals of the committee are to define the role of the operating room nurse, to suggest methods for operationalizing this role, and to be involved in role implementation. It is stated that nurses must demonstrate in their practice that no one in the field of nursing can meet patient nursing needs as well as professional nurses can. The importance of continuing education and the authority of nurses to make decisions concerning nursing practice are addressed. Consideration is also given to the controversial nature of issues faced by nurses in an era of social revolution, the control of nursing practice, the health care system, paternalism, and the independence of nursing. Suggestions to improve the image and functioning of nurses are offered, with support given to the concept of an autonomous nursing staff.

151. Kelly Lucie Young.
New Jersey State Nurses' Association, Montclair.
Nursing Practice Acts.
Pub. in American Jnl. of Nursing v74 n7 p1310-1319 Jul 74.

The status of legislation affecting nursing practice is reviewed. A survey conducted by the American Nurses' Association (ANA) in 1973 showed that 27 State nursing associations anticipated some attempt to change their nursing practice acts. The definition of nursing practice was updated in several States and focuses on the composition of the State board, on requirements for continuing education and for taking the licensure examination, on disciplinary measures, and on fee schedules. Changes to and increases in legislation are considered to be the result of two factors: (1) rapid development of new roles for nurses that embrace an expanded scope of practice for which there may be a questionable legal basis and (2) unprecedented interest in health manpower licensure on the part of State and Federal governments. The development of the nurse practitioner role is discussed, as well as litigation cases involving

nurses. Licensing laws for nurses at the State and Federal levels are examined. The influence of Operation MEDIHC (military experience directed into health careers) is assessed. The Federal interest in credentialing aspects of nursing practice is explored, and an overview of the general content of nurse practice acts is presented. The revocation of nurse licenses is considered. The need for continuing education in the nursing field is stressed.

152. Krekeler Kathleen.
Saint Louis Univ., Mo. School of Nursing and Allied Health Professions.
Continuing Education -- Why.
Pub. in Jnl. of Continuing Education in Nursing v6 n2 p12-16 Mar-Apr 75.

The rationale and directions of continuing education in the nursing profession and in other health professions is discussed, and questions about the status of continuing education in nursing are raised. In a discussion of definitions, it is suggested that inservice programs be viewed as the responsibility of the employers of nurses and continuing education as the obligation of those who practice nursing. Reasons for promoting continuing education in nursing are pointed out, such as the need to keep pace with developments in technology and with the demands that have resulted from expanded social legislation and a proliferation of health workers to assist the nurse in delivering patient care. Developments in continuing education in the fields of medicine, dentistry, and dietetics are noted and the evolution of the nursing profession's stand on continuing education is traced. The American Nurses Association's 1974 resolution supporting the development of State systems for mandatory continuing education is cited; and State activities in this area are summarized. Questions raised about continuing education in nursing concern sources of personnel for continuing education programs, the recordkeeping systems required to relate continuing education to licensure requirements, the benefits of continuing education for the individual nurse, and the specifics of continuing education requirements for licensure.

153. Kuba Anna; Illes Lynne M; Hall Virginia C; Frizzell Jean S.
American Nurses' Association, Kansas City, Mo. Program on State Boards of Nursing.
Four Perspectives -- Certification and Licensure of Nurses in Expanded Roles.
Pub. in Nurse Practitioner v2 n8 p6,7,9 Nov-Dec 77.

Four professionals from different fields -- Anna Kuba, an official of the American Nurses' Association; Lynne M. Illes, Executive Director of the Iowa State Board of Nursing; Virginia C. Hall, an attorney; and Jean S. Frizzell, an adult nurse practitioner -- present their views on certification and licensure of nurses in expanded roles. Kuba provides a review of relevant State laws and suggests that, for the purposes of licensing law, the definition of nursing practice should be stated in terms that are sufficiently broad to permit flexibility in the utilization of nursing personnel within the bounds of safety and to permit changes in practice consistent with educational developments. Illes points out that, while certification is under control of professional groups as it should be, changes in licensure are now being imposed by the political sector with or without the assistance of the professions and occupations affected. Lack of early involvement by the professions in the political process is the most frequently encountered problem in licensure changes. This has caused unnecessary barriers to the expanding role of nurses. Hall contends that, while there is every reason to believe that certification is valuable in maintaining high standards in the expanding nursing profession, it is ill-advised for the various States to embark on certification programs of their own through their licensing boards. Frizzell asserts that it is the right and responsibility of each State to license and regulate the practice of health care professionals and provides a brief review of the Maryland 1975 Nurse Practice Act.

154. Kuramoto A.
Continuing Nursing Education -- A Necessity and Opportunity.
Pub. in Washington State Jnl. of Nursing v50 n2 p36-39 Summer-Fall 78.

155. Kuramoto Alice M.
Michigan Univ., Ann Arbor. School of Nursing.
Professional Education and Its Implication for Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v6 n2 p8-11 Mar-Apr 75.

Professional preparation for nursing is discussed in relation to the length of preparation and site of preparation of other professions. Standards for professional preparation in the U.S. are set by voluntary professional associations with the aim of raising the standards of education and practice. The American Nurses' Association and the National League for Nursing have encouraged the upgrading of the professional education of nurses by recommending that nurses receive their basic education in institutions of higher education. New experimental nursing education programs, such as the external degree, may result in more stratification within the profession. Flexible routes to the professional credential are suggested. Nurses with diploma, associate, and baccalaureate degrees may find it difficult to transfer credit from one type of program to another. The issue of competence is discussed regarding the different types of nursing preparation. The role of continuing education in furthering knowledge and competence is stressed. The concept of lifelong learning should be emphasized in professional education.

156. Larocco Susan; Polit Denise F.
Grover Manor Hospital, Revere, Mass.
Study of Nurses' Attitudes toward Mandatory Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v9 n1 p25-35 Jan-Feb 78.

Most nursing leaders agree that continuing education is valuable and should be pursued by every professional. However, when the word mandatory is attached, controversy occurs. Mandatory continuing education usually means that a certain number of credits are required for relicensure. A review of the literature reveals that little study has been done on what nurses themselves think about this issue, and this study is an attempt to fill that gap. The data collection instrument was a questionnaire composed of 18 Likert questions, four semantic differentials each containing nine bi-polar scales, two open-ended questions and personal background information. The survey took place in the Boston area and of the 229 forms distributed, 115 were returned (50 percent). The results indicated that most respondents were supportive of continuing education, though they did not think nurses should bear the cost. Over 50 percent also favored mandatory continuing education, though they did not think other nurses would agree with them. The results are viewed as tentative due to the small sample size.

157. Luzinski Ruth.
Trinity Memorial Hospital, Cudahy, Wis.
Continuing Education. Yes, But How.
Pub. in Jnl. of Continuing Education in Nursing v6 n6 p35-38 Nov-Dec 75.

Continuing education in nursing is viewed as an educational experience that promotes growth and the development of knowledge beyond basic preparation for a profession or occupation. Ways to improve and update the knowledge and skills of nurses are noted, including formal learning experiences (courses offered by colleges and universities), conferences, seminars, institutes, workshops, clinical sessions, lectures, field work conducted by health agencies, professional organizations or employers of nursing personnel (inservice education), professional reading and writing, correspondence courses, traveling, onsite educational teams, programmed self-instruction, study groups, and audiovisual aids. The relationship between continuing education for health personnel and the changing roles and functions of nurses are examined. It is felt that the need for continuing education is based on an expansion of the responsibilities of nurses. It is also stated that the responsibility to judge what educational needs must be met should rest with nurses. A nursing care plan for continuing education is presented in tabular form that incorporates data, need, intervention, and rationale information. The feasibility of mandatory versus voluntary forms of continuing education is investigated. The conclusion is reached that mandatory requirements will be enacted on a nationwide basis.

158. Marriner Ann.
California Univ., San Francisco. School of Nursing.
Continuing Education in Nursing.
Pub. in Supervisor Nurse v6 n6 p20, 22, 23, 25, 26, 28 Jun 75.

The characteristics, development, and administration of continuing education programs for nurses are discussed. Following a brief discussion of the ways in which a nurse may continue her education (e.g., independent study, participation in professional organizations, and formal opportunities such as noncredit courses and workshops), the article discusses curriculum development, focusing on diagnosis of needs, formulation of objectives, selection and organization of content for the program, selection and organization of learning experiences, and evaluation. It is recommended that an advisory committee composed of nursing faculty, directors of nursing programs, representatives of health associations, the State

licensing authority, and agencies involved in health care in the community participate in helping to make long-range plans. The advisory committee to the University of Colorado School of Nursing Continuing Education Department is cited as an example. Other topics include the financing of a continuing education program, the characteristics of the adult student, the characteristics of the faculty, and the characteristics and responsibilities of the administrator. It is noted that the continuing education department is considered equal with undergraduate and graduate education in nursing, and that faculty is hired by the same criteria as faculty in other departments of nursing. The vital role of continuing education in the future of nursing is stressed.

159. McClure Margaret L.
Maimonides Medical Center, Brooklyn, N.Y.
Entry Into Professional Practice: The New York Proposal.
Pub. in Jnl. of Nursing Administration v6 n5 p12-17 Jun 76.

A resolution by the New York State Nurses' Association on the entry of nurses into professional practice is presented. The resolution was adopted at the 1974 convention of the association. Major provisions of the resolution are as follows: (1) baccalaureate preparation is basic to professional nursing practice; (2) the association must develop a plan for establishing the baccalaureate degree in nursing as a requirement for licensure as a registered professional nurse by 1985; and (3) full protection must be given to practice privileges, titles, and the status of individuals licensed or preparing for licensure as a registered professional nurse. Basic differences in viewpoints on the conceptualization of nursing practice are described and illustrated. It is felt that there are many nurses who practice with inadequate education and preparation. This results in less effective patient care and a lack of collegueship with other health professionals. The need for more nurses prepared in graduate programs to provide leadership is stressed. Fundamental issues involved in the resolution adopted by the New York State Nurses Association are adequate and appropriate educational preparation for nurses, the quality of baccalaureate education, and the appropriate proportion of professional versus technical practitioners.

160. McGriff Erline Perkins; Cooper Signe S.
New York Univ., N.Y. Dept. of Nurse Education.
Accountability to the Consumer through Continuing Education in Nursing.
21p 1974 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

This compilation of conference presentations deals with the importance of accountability to consumers in continuing education for nurses. Continuing education for nurses is defined as learning activities which occur after the completion of a basic nursing education program. A distinction is made between inservice education and continuing education. Four groups responsible for planning and implementing programs in continuing education for nurses are identified: educational institutions, employers of nurses, professional organizations and other organizations, and nursing practitioners. The issue of whether continuing education should be mandatory or voluntary is discussed. Alternatives to mandatory continuing education are examined. They include the acceptance of continuing education by nurses as a professional responsibility, professional certification, voluntary approaches tied to organizational membership, peer review, and employer expectations. It is concluded that the demands of consumers for quality care require responsible and competent practitioners. A selected bibliography is provided.

161. McKenna Marion E.
Kentucky Univ., Lexington. Coll. of Nursing.
Perspective on the Impact of Mandatory Continuing Education on Public Supported Colleges and Universities.
Pub. in Jnl. of Continuing Education in Nursing v9 n3 p15-20 1978.

The effects of new or expanding mandatory nursing continuing education in Kentucky on public-supported colleges and universities are assessed. The purpose of the continuing education programs is to improve the quality of public health care and to protect the public from unsafe practitioners. The role of the university in continuing education will encompass research, assessment of practitioner needs, evaluation of programs, and assistance to other institutions in provision of actual education programs. The programs will require supplementary financial resources because education is not cost-effective: fees must be held down to assure availability of education. Funds must be found for additional faculty prepared at the master's and doctoral levels and trained in teaching adults. Unclarified and costly problems relate to program accreditation and

determination of approval authority; the need to assure the transferability of units and the mobility of nurses through national planning; the danger to individual institutions' creativity and academic freedom which results from program uniformity; and technology, equipment, and technologist requirements for such systems as computer-assisted instruction and television cassettes. A brief bibliography is furnished.

162. Miller Jan; Rea Deanna.
Rockford Memorial Hospital, Illinois.
How Nurses Perceive Mandatory Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v8 n1 Jan-Feb 77.

Illinois had a voluntary continuing education recognition program from 1975 to 1977. In 1977 it was voted at an Illinois Nurses Association Convention to initiate mandatory continuing education. The purpose of this study is to examine how nurses react to such a program. There is a debate in the nursing literature as to whether mandatory requirements are beneficial. This study indicated, however, that 70 percent of the respondents felt that mandatory continuing education was a step forward for nursing. The respondents to the study, 30 nurses who reside within 50 miles of a large northern Illinois city were all licensed as registered nurses. The 23.3 percent who opposed mandatory education were all diploma nurses and most were staff nurses as well. These categories seem more reluctant to accept mandatory continuing education. The undecided respondents, 6.7 percent, favored continuing education but were not certain about its being mandatory. The study also indicated that many nurses did not understand the issue of registering the points they earned in voluntary continuing education classes and that therefore some clarification needed to be sent to all nurses. The authors favor mandatory continuing education and stress that the goal is to improve the quality of patient care.

163. Montag Mildred L.
Changing Patterns of Nursing Education and Practice.
Pub. in The Lamp v30 n12 p23-23 Dec 73.

Change in nursing education and nursing practice is contingent upon the factors contributing to a complex and changing society -- the rapid expansion of technology, the knowledge explosion, increased specialization in every area, the emergence of militant movements, and depersonalization in services. One of the most impressive changes in nursing education involves the shift in control

of undergraduate nursing programs from hospitals or service institutions to colleges and universities. The associate degree or community college nursing program now offers the older person an opportunity to study nursing. More liberal admission policies have made college education more accessible, and enrollments in nursing programs are increasing. Nursing curriculums are undergoing change in terms of teaching methodology and content. Other qualitative changes are the increasing pressure on role differentiation, the increasing involvement of students in learning opportunities outside hospitals, the emphasis on the nursing process and on liberal arts, and the introduction of interdisciplinary courses and independent study. The increased emphasis on health care in the nursing curriculum is the result of the realization that nurses are uniquely qualified to deal with the prevention of illness and the maintenance and promotion of health. The importance of adaptation to change is stressed in terms of proficiency, performance, and evaluation. Expanded roles of nurses are described, with emphasis on clinical nurse specialists and independent practitioners. Changing patterns in inservice education and continuing education are also examined.

164. Mote John R.
Methodist Hospital of Indiana, Inc., Indianapolis.
Continuing Education: Enhancing the Quality of Patient Care.
Pub. in Hospitals, Jnl. of American Hospital Association v50 n15 p175-176, 178-180 1 Aug 76.

A consideration of continuing education as a means of ensuring the competence of health care professionals focuses on its value as a voluntary and as a mandatory requirement for the relicensure of health care professionals. An argument against mandatory requirements maintains that there are places where there are no educational resources, that it is impossible to legislate learning, and that, as of 1974, there is little documentation of the effects of any continuing education on patient care. The argument for mandatory continuing education is that a profession must prove to its consumers that its commitment is to improve the quality of health care. The question of controlling continuing education from within the profession or by outside agencies is addressed, and typical problems of mandatory continuing education, e.g., the issue of whether continuing education requirements should be the same for registered nurses and licensed vocational nurses, are cited. Continuing education is seen as a continuum consisting of the evaluation of patient care, the assessment of individual, professional needs for continuing education, and the

implementation of programs to meet those needs. The responsibility of accrediting continuing education, be it delegated to State licensing agents, to professional associations, to academic institutions, or to an umbrella accrediting organization, is discussed. It is concluded that mardatory continuing education as a requirement of relicensure must not create shortages of professionals or serve as a barrier to career advancement and that health care institution administrators should work to develop programs of continuing education that will enhance the quality of patient care. References are provided.

165. Murphy Jeanne S.
Springfield Hospital Medical Center, Mass.
Dilemma in Nursing Practice.
Pub. in Jnl. of Nursing Administration v4 n1 p16-18 Jan-Feb 74.

Both educators and nursing service administrators feel that they should decide exclusively, without consulting the other, what the beginning nurse should know and be able to do. As a result, a dilemma exists. Accreditation standards set by the Board of Registration in Nursing, the American Nurses Association, and the Commission on Nursing and Nursing Education all recommend that nursing education be placed within the university, where the school faculty should plan and implement the education program, rather than within the setting of the nursing practice itself. Little differentiation has been made in the duties and responsibilities of the 2-year, 3-year, and the 4-year nursing school graduate. Consequently, when the new graduate from a basic nursing program comes into the service setting, some of the graduates will be fairly comfortable with the patient and with most of the procedures for care. However, most are not ready to perform as a team member, and many are at a loss to do many of the procedures that are a part of daily patient care. The head nurse has 30 patients to 40 patients on her unit, and she does not have the time to determine what each new graduate is capable of doing. One solution is for the head nurse to play a part in curriculum planning. Nursing educators and the service agency staff somehow must reduce the chasm that exists between them.

166. Nakamoto June, Verner Coolie.
Syracuse Univ., NY.
National Inst. of Education, Washington, DC.
Continuing Education in the Health Professions. A Review of the Literature -- 1960-1970.
340p Mar 73 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 074367.

A review is made of the literature on continuing education in the health professions. After an overview of the study, six chapters cover continuing education in medicine -- physical composition and distribution, participation in continuing education, organization and administration, instructional processes, evaluation, and summary and conclusions. Then follow four chapters on dentistry -- the profession and continuing education, participation, program administration and organization, and a summary. Four chapters on nursing discuss nurse composition and distribution and concern for continuing education, characteristics of the participants, sponsors and programs, administration of the programs, and some sample programs. Four chapters on continuing education in pharmacy are followed by major conclusions of the study. There are references at the end of each section. (Author Abstract)

167. Nakomoto June; Verner Coolie.
British Columbia Univ., Vancouver.
Continuing Education in Nursing: A Review of North American Literature 1960-1970.
97p 1972 Available NTIS HRP-0006617

A critical analysis is presented of materials about continuing education in nursing, published in North America between 1960 and 1970, as part of a series of literature reviews concerning continuing education in various health manpower fields. The analysis covers nursing composition, distribution, and concern for continuing education; characteristics of participants in continuing education and reasons for participating; and organization and administration of continuing education programs in nursing. Four major developments in nursing between 1960 and 1970 are identified: (1) a re-orientation of graduate nurses back to the bedside; (2) a trend toward clinical specialization; (3) an increased effort to define nursing practice through research into patient care; and (4) changes in the reciprocal roles of physicians and nurses. Inservice and continuing education are identified as important vehicles for facilitating these trends and for solving many of the problems in nursing. Several studies indicate that nurses at all levels are insecure in their present positions and that they are concerned about their futures in nursing. The potential of inservice education for developing clinical competence has not been fully utilized. A need exists for clearer delineation of respective roles of the university, the employing institution, and the professional associations as the three major sponsors of continuing education in nursing. It is suggested that universities

should focus on development of leadership and consultant services to employing institutions rather than investing resources in short course offerings to meet needs of the moment. Continuing nursing education should exert leadership in development of new instructional materials and program designs. Joint planning and coordination of resources at all levels also are indicated.

168. National League for Nursing, Inc., New York.
Trends in Accreditation.
Pub. in Jnl. of Continuing Education in Nursing v6 n1 p33-34 Jan-Feb 75.

The consumer movement has resulted in greater participation in the accrediting process by students, the government, and the public. One example of this trend to shared responsibility and accountability is the National League for Nursing (NLN), whose accreditation program is subject to study and review by the public, the membership, committees of members, and the board of directors, which is itself representative of consumers and laypeople in addition to the nursing profession. NLN efforts to assure peer evaluation have resulted in the involvement of increased numbers of faculty in all aspects of the accreditation process. The Federal government has increased its involvement in accreditation, and coordination and collaboration among accrediting agencies are required in instances of voluntary accreditation on a national level. The Council of Specialized Accrediting Agencies and the national Council of Post - Secondary Accreditation are two examples of such cooperative voluntary accreditation that serve the broad, general interests of society and the specific interests of specialized education.

169. National League for Nursing, Inc., New York. Council of Diploma Programs.
Today's Issue -- Tomorrow's Achievements.
43p 1976 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Nine commentaries on issues that presently face the nursing profession are presented. The opening material, which focuses on how the National League for Nursing faces the issues that are challenging the profession, touches on accreditation, the American Nurse's Association Credentialing Study that evoked much national attention and debate, foreign-trained nurse evaluation, long-term care, the League's task force on nursing education costs, implementation of League goals, nursing education-nursing service collaboration, and ways of communicating the

issues. Other contributions focus on the status of specialized accreditation; continuing education programs in general; and a continuing education program developed in a hospital-based school of nursing. This program found that nurses are most interested in future programs offering information on the management of pain, the nurse's role as supervisor, and nursing intervention for the renal patient. A way of setting up a formal grievance system to meet the needs of a school of nursing, to protect management's prerogative, and to improve faculty relations is discussed. The final papers deal with the development of guidelines for resolving student-faculty problems; realistic management of costs in diploma programs; and faculty organization. This last paper includes charts and tables which illustrate details of faculty management.

170. National League for Nursing, Inc., New York. Council of Hospital and Related Institutional Nursing Services.
Regulatory Agencies - The Effect on Health Care Institutions.
37p 1974 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

The effect of regulatory agencies on health care institutions is considered in a compilation of six papers presented at the seventh annual meeting of the Council of Hospital and Related Institutional Nursing Services. The meeting was held in San Francisco, California on October 11-12, 1973. The role of Federal, State, and voluntary agencies in changing standards of health care is discussed. Consideration is given to nursing service administration and its role in health care institutions and preparation and responsibility for compliance with regulatory agencies. The implications of regulatory agency activities for institutional licensure are assessed. Also discussed are accreditation, certification, and continuing education. The relationship between professional standards review organizations and quality health care is explored.

171. National League for Nursing, Inc., New York. Dept. of Baccalaureate and Higher Degree Programs.
Converting Threats into Challenges - Adaptations in Baccalaureate and Graduate Education in Nursing.
72p 1975 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Federal legislation, accreditation, and cost are discussed in nine papers dealing with nursing education. An overview of the nurse training act legislation is

presented with the conclusion that Federal assistance has advanced collegiate education, but that evaluation of past benefits must be conducted to demonstrate future Federal support. Another article reviews nursing programs in public universities. Federal legislation and nursing education in rural and private institutions of higher learning are discussed, with concern expressed for the future of private institutions. The roles of the Board of Review in the National League for Nursing (NLN) Accreditation Program and the Accreditation Committee of the Council of Baccalaureate and Higher Degree Programs are described. Regional accrediting agencies and the history of nursing school accreditation are discussed with emphasis on the role of voluntary professional accreditation. A chapter on nursing, reprinted from the Institute of Medicine book, 'Costs of Education of the Health Professions,' presents information on the costs of nursing education at the baccalaureate, associate, and diploma levels. Data include costs per student equivalent by cost components, average hours per week of full-time faculty by activity, average education costs in sample programs, capitation levels as a percent of education expenditures, percent of net education expenditures per student at different levels of capitation, and average distribution of education income by source. A commentary on the NLN Task Force on the Costs of Nursing Education reflects on the need for an extensive study of nursing education costs.

172. National League for Nursing, Inc., New York. Div. of Community Planning.
Outdate - Update Continuing Education: Who, What, Where, When, How.
37p 1975 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Six essays originally presented at a 1974 conference discuss various aspects of continuing education. The opening paper briefly reviews the origins of the concept, defines continuing and inservice education, identifies controversial issues surrounding the subject, and notes recommendations for continuing education that were offered in an American Nurses' Association study of the subject. The paper concludes by advocating that continuing education be mandatory and by describing the implications of this requirement. The second essay focuses on the origins and evolution of the continuing education unit (CEU), pointing out that national interest in the CEU as a uniform unit of measure is increasing. Subsequent articles deal with the impact of peer review on continuing

education with professional control of continuing education, with the role of hospitals, and with the role of the National League for Nursing in continuing education.

173. National League for Nursing, New York.
Implementation of Continuing Education in Nursing.
21p 1978 Available from the National League for Nursing, Ten Columbus Circle, New York, NY 10019.

This booklet contains three papers originally presented at an open forum during the 1977 National League for Nursing's Convention at Anaheim. The subjects include a variety of issues related to continuing education for nurses. Continuing education curriculums should be designed after assessing needs and resources and should be directed at improving the quality of care. Continuing education should be paid for by the nurse-students, although the fees should be structured so as not to be prohibitive. If continuing education is to affect the quality of care, it must be controlled by nurse educators, not other health workers. New methods of accreditation which reflect achievement, rather than just time spent in a course, need to be developed. The lack of planning to build a system of continuing education on a regional and statewide basis may be the most serious problem confronting mandatory education. Requirements which are mandated by State legislatures are implemented by a professional State board. This board, therefore, has the responsibility to ask the important basic questions upon which a system of continuing education can be built; develop the system through regional and statewide planning which assures that the basic questions have been answered; and develop requirements for the approved providers of continuing education and hold them accountable for providing a continuing education service which meets the requirements. A model developed by the Committee on Continuing Education in Nursing of the Illinois Implementation Commission on Nursing would include a State coordinating council which would provide leadership for the statewide system and which would coordinate and provide consultation to area councils for continuing education in nursing, which would be geographically based on health service areas.

174. National League for Nursing, New York, N.Y.
Licensure and Credentialing.
52p 1978 Available from National League for Nursing, 10 Columbus Circle, New York, NY 10019.

Four papers presented to the Northeast Regional Assembly of Constituent Leagues for Nursing Conference, which was

held to discuss issues in licensure and credentialing of nurses, are included in this booklet. The papers included are: 'Licensure and Credentialing: Purposes, Problems, and Implications', by Dorothy J. Novello; 'Licensure, Certification, and Academic Degrees', by Jerry W. Miller; 'The Coming Crisis for Nursing Faculty: Joint Appointments in a Practice Discipline', by Elizabeth S. Sharp; and 'Credentialing Study in Nursing: A Futuristic View of Licensing and Credentialing', by Inez G. Hinsvark. Among the issues discussed are the minimum requirements to assure continued competency in basic nursing practice and the certification of advanced nursing practice. Under present systems, two nurses holding the same license may have dramatically different capabilities, with great differences in the quality of care that can be provided by each. Current structures in licensing, credentialing, and certification should not be discarded until replacements have been thoroughly studied. The nursing profession must present a united front in discussions of changes in current systems in order to decrease the possibility of government take-over of health manpower. Greater unity between service and education is critical as nurses stress the need for peer review and for ongoing clinical development of faculty preparing nurses at all levels.

175. Neuman Marilyn M.
Illinois Univ. Hospital at the Medical Center, Chicago.
Employee Competency: The Goal of Inservice Education.
Pub. in Nursing Clinics of North America v5 n2 p341-349 Jun 70.

Inservice education is discussed as a means of insuring the provision of competent nursing care. Assistance to nursing personnel, through inservice education, on two distinguishable levels is explored: (1) encourage nursing personnel who are directly engaged in patient care to accept the responsibility of providing quality care; and (2) help administrative nursing personnel to accept the responsibility of effectively managing all aspects of nursing practice. The relationship between nursing service and inservice education is examined. Factors that influenced the continued interest of nurses in learning are noted. The need for professional nurses to develop the following special abilities is emphasized: manage knowledge, translate theory into practice, and motivate employees to use their creativity for both ideation and followthrough. The significance of competency and acceptance of change in effective nursing practice is addressed. The primary focus in maintaining competency is considered to be the education of nursing personnel to

adapt evolving theory into their practice. Through inservice education, nursing service is the central adaptive force responsible for the management of nursing practice.

176. New England Council on Higher Education for Nursing, Wellesley, Mass.
Papers Presented at a Conference on Continuing Education for Nurses.
53p Oct 74 Available NTIS HRP-0011814

The main presentation at the conference was concerned with national trends, developments, and issues in continuing education for nurses. A panel discussed issues, problems, and developments in continuing education programs within schools of the New England Council on Higher Education for Nursing. Group discussions on continuing education were also held. A report on three regional nursing projects funded by Federal grants or contracts to the New England Board of Higher Education was made. The three projects included a mental health continuing education project, a contract to plan coordinated action for the continuing education of nurses in New England, and a survey of graduate nursing education in New England. Efforts of the New England Board of Higher Education to establish a regional program in veterinary medicine and to establish regional health professional training facilities in the fields of optometry, osteopathy, and podiatry were described. Veterans' Administration and DHEW activities in the field of health services and nursing education were reviewed. The concluding session of the conference dealt with innovative trends in continuing education in New England which may have implications for nursing. A list of conference attendees is included.

177. Ohio Valley Regional Medical Program, Lexington, Ky.
Proceedings of the Regional Conference on Nursing Inservice Education.
82p 1970 Available NTIS HRP-0018337

Objectives of the conference were to provide a vehicle of communication for inservice education directors, to explore alternative methods for assessing the educational needs of nursing personnel, to provide an opportunity for sharing ideas among inservice directors, and to stimulate interest in educational programs in areas related to expressed needs of conference participants. The major presentation of the conference concerned the assessment of nursing education needs and challenges faced by inservice education. Participants in morning group sessions were inservice educators in hospitals that were similar in

size. A representative of a project funded by the OVRMP explained how the needs of nursing inservice education can be more easily met with the assistance of library services. Four conference particpants discussed the benefits of nursing inservice educators. Afternoon group sessions were held and involved conference participants whose institutions were located within a particular geographical area. Appendixes contain a list of the OVRMP staff, a list of conference participants, and the results of an evaluation of the OVRMP-sponsored conference.

178. Pettengill Marian Martin.
Development of a System for State Certification.
Pub. in Perspectives in Psychiatric Care v14 n3 p107-111 Jul-Sep 76.

The creation of the Society of Certified Clinical Specialists in Psychiatric Nursing within the New Jersey State Nurses Association is reviewed. Historical events in the formation of the society are traced, with primary emphasis on the impact of the passage of the Marriage Counseling Act. The specific objective of the society is to assure quality service to the public and to support and develop the role of psychiatric nursing specialists. Its broad functions encompass the maintenance of standards of practice for certification, the interpretation of the functions and role of clinical specialists, the achievement of legal recognition of independent practice, and the development and continuance of a teaching institution and educational program. Eligibility requirements for membership are outlined. Differences between New York and New Jersey certification and between New Jersey and American Nurses' Association certification are examined. It is concluded that the society is a viable force in the self-regulation of psychiatric nursing practice through certification.

179. Poole Drusilla.
Roles and Functions of Staff Development Directors.
Pub. in the Jnl. of Continuing Education in Nursing v8 n3 p31-41 1977.

A discussion of the roles and functions of a staff development director for a nursing service is provided. A staff development director is said to go through the same three skill levels as the nurse administrator does. These levels are: (1) procedural or technical skills; (2) human relations skills; and (3) conceptual skills. The kind of administrative setting in which a staff development program has the greatest chance of success is examined. Relationships within the nursing organization are

explored, and it is pointed out that an understanding of working relationships is necessary to direct a satisfactory staff development program. Criteria for the selection of staff development directors are outlined. The director should be enthusiastic about the work and sincerely like people. Communication skills must enable the director to work comfortably with both professional and nonprofessional personnel. Emotional and professional maturity are said to be essential. It is maintained that the director of staff development for a nursing service should be a nurse. The director functions as an educator, administrator, nurse, motivator, coordinator, advisor, evaluator, and citizen. Each of these functions is examined.

180. Popiel Elda S.
Colorado Univ., Denver. School of Nursing.
Nursing and the Process of Continuing Education.
249p 1977 Available from C. V. Mosby Co., 11830 Westline Industrial Dr., St. Louis, MO 63141.

A collection of essays on continuing education in nursing is presented. The essays in the opening section deal with the question of what continuing education is. These papers assist in defining the concept of continuing education and explore the role of government, regions, States, health institutions, and individuals in nursing continuing education. Succeeding papers deal with implementation of continuing education. Among the specific topics addressed are assessment and determination of training needs, the question of what inservice education is, and provision of a financial base for continuing education programs. The personnel involved in a continuing education course -- i.e., the director, advisory committees, program planners, staff, and participants -- are considered in subsequent material. Also treated are various approaches to and techniques associated with evaluation of courses, participants, and staff. Finally, examples of continuing education programs are provided. Photographs and a selected bibliography covering eight subject areas -- continuing education, need assessment, behavioral objectives, continuing education methods, consultation, staff development, evaluation, and American Nurses' Association publications on continuing education -- are included.

181. Rockwell Susan M.
Inservice Education. What It Ought To Be: As the Experts See It.
Pub. in RN v34 p32-35 Feb 71.

The components of nursing department educational programs identified and discussed, and problems associated with such programs are noted. Special attention is paid to the views of various professional organizations. Educational programs for health agency employees, once considered a luxury, are becoming a necessity. One of the reasons is that the Joint Commission on Accreditation on Hospitals (JCAH) requires all nursing departments to provide inservice education. Those hospitals who do not meet JCAH standards are not eligible to receive Medicare funds. JCAH specifies that the nursing department's educational program must have three phases: orientation, inservice education, and continuing education. Activities related to the inservice program must be carried out on a continuing basis. Although the subjects and skills to be taught are to be determined by the individual department, the American Hospital Association has developed a checklist consisting of 13 subject areas recommended for inservice education. Continuing education involves attendance at workshops, conventions, and outside courses; JCAH staff members check to determine if the inservice program makes use of persons who have participated in these activities. The resentment of nurses and supervisors not involved in the inservice education process may cause problems, and experts therefore suggest that a committee consisting of the inservice coordinator, head nurses, and other supervisors be established. Poor teaching and failure to allocate enough time to plan programs may also be sources of difficulty.

182. Rudnick Betty R; Bolte Irma M.
Kentucky Univ., Lexington. Coll. of Nursing.
Case for On-Going Inservice Education.
Pub. in Jnl. of Nursing Administration p31-35 Mar-Apr 71.

The importance of ongoing inservice education programs for nurses is discussed, and elements which should be included in such programs and methods for developing effective programs are suggested. Ongoing education for nurses is defined simply as 'helping each member of the nursing team work to his highest potential in giving care to the patient.' Careful planning and direction, considerations of time and space, clearly stated attendance policies, and thorough evaluation are identified as elements of the successful inservice education program. Several approaches to developing programs for employees are noted: (1) a collaborative effort on the part of hospitals in one

geographic area, in which a select number of employees from each health agency participate in the program and in turn are expected to impart their experiences to their coworkers; (2) development, by one health agency, of a master plan for ongoing education, in which a specific program is planned for each employee level in the nursing department; and (3) involvement of the supervisor or head nurse in the planning and directing of programs for a specific patient care unit in a health agency. Regardless of the approach taken, the program should be built around the job needs of the staff and should be directed toward growth on the job as well as improvement of patient care. The importance of employee involvement in planning ongoing education programs and the need for administrative support of the programs are emphasized.

183. Schweer Jean E.
Present Status and Future Directions of University-Based Continuing Education in Nursing.
Paper presented at a National University Extension Association meeting, Apr 78.
20p Aug 78 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 160824 in microfiche only.

Those in continuing education for professional nurses believe that higher education needs to be involved in programs such as continuing education. Not until 1955 and the onset of state and federal programs designed to assist universities with higher education provisions was the impact on continuing education for nurses felt. Between 1957 and 1962 the establishment of nursing education and continuing education components as integral parts of interstate higher education commissions constituted a major breakthrough. Continuing education for nursing has snowballed due to such things as recognition of advances in medical science and related fields. But moves for relicensure requirements have been slow; presently only eight states have mandatory laws. The recommended requirement for licensed R.N.'s is thirty contact hours every two years. Since the 1975 American Nurses Association accreditation process began, twelve university nursing schools now offer accredited continuing education programs. There are many barriers to university-based continuing education programs in nursing: for example, administration views continuing education as a money maker, yet continuing education is expected to be self-supporting. Many barriers can be overcome if program support is viewed similarly to support for academic programs. Continuing education programs which support the advancing nursing profession must be developed. (ERIC)

184. Simonds Scott K.
Michigan Univ., Ann Arbor. School of Public Health.
Quality, Accountability, and Professional Responsibility: New Tasks for Inservice Education Directors.
Pub. in Jnl. of Continuing Education in Nursing v6 n4 p5-11 Jul-Aug 75.

The relationship between the educational process and changes resulting from quality assurance programs is discussed with implications for nursing inservice education directors. The concepts of quality, accountability, and professional responsibility are emphasized. The significance of nursing inservice education directors is assessed. Legislative aspects of quality and accountability are considered. The nursing audit is viewed as a useful technique for obtaining a systematic written appraisal of the process of nursing care through an examination of the patient care record in a retrospective manner. It is noted that problems in nursing care may persist regardless of the conduct of nursing audits or other review processes. Such problems concern frequent changes in nursing procedures, the lack of an adequate definition for nursing procedures, and the fact that any attempt to measure the quality of nursing care depends on the assumption that all patients can be regarded as similar from the nursing viewpoint. Education is one way of closing a gap between criteria for acceptable nursing care and actual care. The correction of nursing deficiencies through education and change is discussed. Incentives for change are examined, and the importance of internal incentives for change and the need for a social support system to improve quality are stressed.

185. Smith C E.
Principles and Implications for Continuing Education in Nursing.
Pub. in Jnl. of Continuing Education in Nursing v9 n2 p25-28 Mar-Apr 78.

186. Staff Development: A Reader Consisting of Nineteen Articles Especially Selected by the Journal of Nursing Administration Editorial Staff.
93p 1975 Available from Contemporary Publishing, Inc., 12 Lakeside Park, Wakefield, MA 01880.

Guidelines are presented for the organization of inservice education. Education for improving the quality of nursing care is addressed, and the case for an ongoing program of inservice education is detailed. Conditions necessary for the effective functioning of inservice education programs

are explored. Decisionmaking and accountability aspects of nursing education and leadership are considered. The environment for instructing ancillary personnel is examined. An experiment in cooperative continuing education is reported. The role of clinical specialists in staff development is discussed, as well as the gap between the graduation and employment of nurses. Patient care conferences are viewed as an opportunity for meeting staff needs. Management games are considered to be a useful link between nursing theory and practice. Sensitivity training is noted as an effective technique for improving management effectiveness in formal organizations. Leadership development at the clinical unit level is outlined. Particular attention is given to mandatory continuing education, a service agency's response to continuing education, mandatory continuing education for professional nurse relicensure, and the continuing education unit as a unique concept of management.

187. Status of Continuing Education -- Voluntary and Mandatory. Pub. in American Jnl. of Nursing v77 n3 p410-416 Mar 77.

Nurses' associations in almost all States are conducting programs which record and/or recognize nurses' voluntary participation in continuing education and review and approve continuing education offerings. In California and Minnesota such systems are being set up by the State boards of nursing, since mandatory continuing education will be required starting in 1978. In several other States, voluntary systems have been set up by the nurses' associations even though mandatory continuing education for relicensure is either being planned or has already been passed by the legislatures. Most of the State systems, which are called either Continuing Education Approval and Recognition Programs or Continuing Education Recognition Programs, follow guidelines and criteria developed by the American Nurses' Association. The American Nurses' Association plans a national mechanism which will enable transferable recognition and interchangeable records throughout the country. Most of the voluntary programs which now exist use contact hours as the measurement unit, with 10 contact hours equal to one continuing education unit. Some State systems grant recognition points for activities which are recognized only within the State and are not transferable either to contact hours or to continuing education units. Comprehensive mandatory continuing education laws have been passed by four States and another four States allow the boards of nursing to implement mandatory continuing

education requirements. In addition, two States require continuing education for certain groups of nurses. The specifics on the history and functioning of the voluntary programs are presented for each State.

188. Stinson S M.
Frankly Speaking About Nursing Education. Mandatory Continuing Education.
Pub. in Canadian Nurse v71 n8 p17 Aug 75.

189. Strother George B, Swinford David N.
Recertification and Relicensure -- Implications for the University.
Pub. in NUEA Spectator v38 n19 p5-9 Mar 75.

The study surveyed the extent of the movement to require continuing education in 14 professions: accountancy, architecture, dentistry, dietetics, engineering, law, medicine, nursing, optometry, osteopathy, pharmacy, physical therapy, real estate, social work, and veterinary medicine. The report provides some general conclusions and a summary of the 14 surveys. (ERIC)

190. Stuart Corinne T.
State Univ. of New York at Buffalo. School of Nursing.
Mandatory Continuing Education for Relicensure in Nursing and the Implications for Higher Education.
Pub. in Jnl. of Continuing Education in Nursing v6 n5 p7-15 Sep-Oct 75.

The issue of whether there should be mandatory continuing education for relicensure in nursing is debated. Proposed legislation by the New York State Nurses Association (NYSNA) would require nurses to participate in continuing education in order to maintain their license to practice. Historical trends in the legislative activities of the NYSNA are traced. Continuing education is defined to encompass all learning activities that occur after an individual has completed basic education. The implications of mandatory continuing education for higher education are discussed. Medical societies in 12 States require physicians to participate in continuing education as one condition of membership. Four States (Kansas, Kentucky, Maryland, and New Mexico) have enacted legislation requiring participation in continuing education as a condition for relicensure of physicians. The New York State Health Department has made continuing education requirements a condition for Medicaid participation. The application of continuing education programs and requirements to dentistry and nursing is

detailed. It is contended that mandatory continuing education in nursing will substitute external societal control for internal professional control. The opposition of the American Nurses' Association to governmental regulation is noted. Schools of nursing should assume leadership in the development of a statewide plan for continuing education, with input from other educational institutions in order to insure the efficient use of resources and expertise and provide a basis for regional planning.

191. Styles M M.
Continuing Education in Nursing -- One Hope for Professional Coherence.
Pub. in Nurse Educator v1 n2 p6-9 Jul-Aug 76.

192. Syracuse University, NY. Dept. of Adult Education.
Bureau of Health Resources Development, Rockville, MD. Div. of Regional Medical Programs.
Fostering the Growing Need to Learn.
606p 1974 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Stock no. 017-041-00087-8.

193. Texas Univ. at San Antonio. School of Nursing.
Nursing Administration -- A Selected Annotated Bibliography of Current Periodical Literature in Nursing Administration and Management.
21p 1978 Available from National League for Nursing, 10 Columbus Circle, New York, NY 10019.

This annotated bibliography consists of 112 entries pertaining to nursing administration. The citations refer, with one exception (an article on education for nursing, published in 1965), to journal articles published in the 1970's. The entries, which are alphabetically arranged, cover a wide range of topics, e.g., shared leadership, conflict relations between nursing personnel, professional standards review organizations, patient classification, management by objectives, continuing education, the politics of nursing, nursing research in a critical care setting, and collective bargaining. The wide range of articles included in the bibliography provides evidence of the spectrum of knowledge required of the nurse administrator.

194. Tibbles L.

Theories of Adult Education -- Implications for Developing a Philosophy for Continuing Education in Nursing.
Pub. in Jnl. of Continuing Education in Nursing v8 n4 p25-28 Jul-Aug 77.

195. Tobin Helen.
Frances Payne Bolton School of Nursing, Cleveland, Ohio.
Quality Staff Development: A Must for Change and Survival.
Pub. in Jnl. of Nursing Administration v6 n4 p39-42 May 76.

The importance of staff development for nurses is described. It is noted that the new publication by the American Nurses' Association, 'Guidelines for Staff Development,' provides guidelines that will be of assistance to directors of nursing and staff development educators as they plan, implement, and evaluate staff development programs. There is a lack of well-qualified nurses to give leadership to staff development efforts, since all health care agencies do not have personnel with master's degrees to direct their staff development programs. This problem can be solved when directors of nursing establish educational qualifications for their staff development positions. The ways in which the nursing administration can effectively support staff development efforts are listed, including the administrator's awareness of herself as a role model. It is vital that the nursing administration and the staff development educators jointly develop a philosophy of nursing before implementing any educational program. This philosophy should be clearly written so that it can be utilized by nursing personnel in planning for and participating in educational endeavors. Suggestions are made for the nursing director to establish an organizational structure that will support the role of the staff development director. It is noted that the question of who should bear the cost of the continuing education training -- the nurse or the hospital employer -- has not been answered satisfactorily. The nursing director and the staff development educators must establish priorities within the available resources.

196. Virginia Commonwealth Univ., Richmond. School of Nursing.
Proceedings Book: National Conference on Continuing Education for Nurses.
227p 1969 Available NTIS HRP-0006624

Proceedings are presented of the First National Conference on Continuing Education for Nurses, held November 10-14, 1969 in Williamsburg, Virginia, and sponsored by the School of Nursing of Virginia Commonwealth University.

More than 80 participants heard presentations, held workshops, and discussed various issues concerning continuing education for nurses, including planning for continuing education. Prior to the conference a questionnaire survey was made of all college and university nursing programs. Sample questions and replies to this questionnaire are provided. Conference topics included: an overview of continuing education for all professions; a report on the above mentioned questionnaire; the administration and organization of continuing education programs in nursing; guidelines for structuring programs for adult learners; aspects of self-education; and the role of the National League for Nursing in continuing education. Funding sources and the rationale for such sources were discussed. An explanation of one program's funding experiences was given. The growth and development of the continuing education program at the University of Colorado's School of Nursing was described, and the uses of educational media (open and closed circuit television, motion pictures, slide series with and without audiotape, and filmstrips) were explained. Methodologies for evaluating continuing education programs are examined, and reports of three workshops are presented. A summary of 74 individual responses and recommendations to 11 questions is given, together with general recommendations. Lists are provided of colleges and universities, regional medical programs, and States which were represented, as well as rosters of staff, speakers, consultants, leaders, and participants.

197. Wisconsin Univ. Extension, Madison. Dept. of Nursing. Critical Issues in Continuing Education in Nursing. 150p 1972 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 097 554.

The National Conference provides continuing education for nurse educators who are responsible for providing continuing nursing education. Papers presented at the conference are: Philosophies of Continuing Education, Theodore J. Shannon; Philosophies of Education -- Implications for Continuing Education in Nursing, Edith V. Olson; developing a Model for consumer Health Education, William L. Blockstein; the Adult Educator as a Change Agent, Burton W. Kreitlow; Competencies Expected of the Teacher in Continuing Nursing Education, Signe S. Cooper; The American Nurses' Association (ANA) and Continuing Education, Audrey F. Spector; ANA Special Project in Continuing Education, Sister Jeanne Margaret McNally; Continuing Education as a Requirement for Relicensure: What Are the Issues. Maura Carroll; Introducing the Continuing Education Unit, Paul Grogan; Exploring the Federal Scene, Mary Hill; Continuing Education -- A

Western Council on Higher Education for Nursing (WCHEN) Seminar, G. Marjorie Squaires; Continuing Education Activities of the Southern Regional Education Board (SREB) project in Nursing Education, Helen C. Belcher; Regional Approach to Continuing Education for Nurses in New England, Eileen Ryan; Regional Planning in the Midwest; Emily Tait; North Central States Planning Project, Signe S. Cooper. References, resource persons, and conference participants are listed. (ERIC)

198. Wolf D Heidi.
Massachusetts Nurses Association, Boston.
Mandatory CE -- It's Time To Keep Up - Or Get Out.
Pub. in RN v40 n1 p39-43 Jan 77.

Some States already require mandatory continuing education (MCE) and seven States are contemplating legislation which would require registered nurse (RN) to complete a specified number of continuing education (CE) courses within a specified period of time for relicensure. Among the first States to have directive MCE legislation is California; effective July 1978, RN's must complete 30 hours of CE during the 2 years before their licenses expire, or successfully complete a current-trends exam. The American Nurses' Association believes that each State nurses' association should determine whether MCE is appropriate. The way in which the legislative proposal is introduced into the State legislatures, and the two types of legislation, 'enabling' and 'directive', are discussed. Two States, Oregon and New Hampshire, have selective rather than overall requirements: in New Hampshire, MCE is required only of advanced registered nurse practitioners; in Oregon, nurses who have not practiced for 5 years or who have had a complaint brought against them are required to take MCE. Kansas requires varying MCE hours on each renewal date. Texas, Colorado, Florida, and Massachusetts will have legislation in the near future, but the number of hours required has not been firmly set. New York will require 40 hours per year of CE in the 2-year period preceding the license renewal date, and the Illinois State Nurses' Association will ask for 40 hours every 2 years. Running counter to the trend is Maryland, where nurses voted unanimously to continue voluntary CE only.

IV. CURRICULUM MODELS - SPECIALTY AREAS

199. Allcock Muriel; Wilson Sandra.
Union Hospital, Moose Jaw (Saskatchewan).
Code 66: From Anxious 'Amateurs' to Smooth-Working Code Team.
Pub. in Nursing 75 v5 n11 p17-21 Nov 75.

Union Hospital in Moose Jaw, Saskatchewan, has developed an intensive inservice program in emergency coronary care and cardiopulmonary resuscitation for nurses. Duties to be performed during a Code 66 (cardiac arrest) situation were listed, and the duties were divided among five team members, an assistant team member, and a team leader. The duties of the crash cart team members fall into the general categories of pulmonary ventilation, cardiac massage, monitoring, medication, and recording. The assistant team member is in charge of transporting the Code 66 crash cart. The design and content of the carts, which are set up in the intensive care unit and in the emergency department, are described, as are situations warranting Code 66 procedures. In addition to cardiac arrest, these situations may include any very serious medical emergency requiring immediate application of skilled techniques, drugs, and special equipment. The hospital's continuting education program designed to prepare new staff members in emergency procedures and to review the procedures for existing staff members is described. Photographs of the crash cart are included.

200. American Nurses' Association, Kansas City, Mo.
Guidelines for Short Term Continuing Education Programs for the Nurse Clinician in Intensive Neonatal Care and the Nurse Clinician in Intensive Maternal-Fetal Care.
15p 1975 Available from the Americal Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

Guidelines are presented for the development of educational programs to prepare nurses to function in intensive perinatal care settings. Published by the American Nurses' Association and representing the eforts of task forces at Boston University, the University of Colorado, the University of Mississippi, the University of Southern California, and the University of Wisconsin in

Madison, the guidelines deal specifically with short term continuing education programs for the preparation of the nurse clinician in intensive neonatal and intensive maternal-fetal care. The guidelines address the following elements of such programs: assessment of need, program planning, program purpose, goals and objectives, course content, clinical experience, organization and administration, faculty, admission of students, and evaluation of the program and the practitioner. The section on course content describes four curriculum modules, including sciences basic to the intensive care clinician's functions, nursing process, advanced technology, and interdisciplinary development. Lists of individuals involved in the preparation of the guidelines are included.

201. American Nurses' Association, Kansas City, Mo.
Guidelines for Short-Term Continuing Education Programs Preparing the Geriatric Nurse Practitioner.
11p 1974 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

Guidelines are presented by the American Nurses' Association Division on Geriatric Nursing Practice for use by educational institutions in developing programs to prepare geriatric nurse practitioners. The geriatric nurse practitioner is defined as a registered nurse who is prepared in a baccalaureate program or in a continuing education program under the auspices of an educational institution and who assumes responsibilities of expanding practice in the field of geriatric nursing. The functions of the geriatric nurse practitioner are delineated with emphasis on the practitioner's capability to perform certain activities traditionally within the physician's domain. General guidelines are stated relative to goals, to organization and administration, to faculty, and to facilities of continuing education programs for geriatric nurse practitioners. An outline of course content is provided, indicating topics to be covered within the general subject areas of the aging process, communication, community health care delivery systems, developmental tasks, health problems, psychology, sociology, family/nurse/physician relationships, pharmacology, and assessment procedures and methods. Other guidelines address the length of the continuing education program, course evaluation, and student admission policies.

202. American Nurses' Association, Kansas City, Mo.
Guidelines for Short-Term Continuing Education Programs for College and University Nurse Practitioners.
13p May 75 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, Mo. 64108.

Guidelines for expanding the practice of nurses in college and university health care settings suggest that expanding the practice of the college and university health nurse will enhance the practice of both nurses and physicians by allowing the skills of each discipline to be better used. These college and university health nurse practitioners will have advanced skills in the assessment of the biopsychosocial and health status of individuals, families, or groups in a college or university. In addition to providing direct care to members of the college or university community, the health nurse practitioner will perform the following functions: obtain health histories, perform physical and psychosocial appraisals, provide health counseling, contribute to health education, and provide for the continuity of care. The goal of continuing education programs for the preparation of college and university health practitioners is to provide nurses with additional knowledge, understanding, and skills to enable them to assume an expanded role in providing health care. Planning, organization and administration, services and facilities, faculty, and course content for such continuing education programs are considered. Also discussed are the admission of students, length of program, and education program evaluation.

203. American Nurses' Association, Kansas City, Mo.
Guidelines on Short Term Continuing Education Programs for College and University Health Nurse Practitioners.
Pub. in Jnl. of the American College Health Association v24 n1 p44-48 Oct 75.

Guidelines for expanding the knowledge and skills of nurse practitioners serving college and university populations are presented in a joint statement of the American Nurses' Association and the American College Health Association. The components of primary care, the essential element in college health services, are noted. The college and university health nurse practitioner is defined as a registered nurse who assumes responsibility and accountability of expanding practice in the field of college and university health nursing. The practitioner has advanced skills in the assessment of individuals, families, or groups in a college or university setting. These skills are in the areas of history taking, creating developmental profiles of students, and performing

physical examinations. Practitioners are prepared for these skills through formal continuing education or in baccalaureate nursing programs. The nursing functions and activities of the practitioner are outlined, including those additional functions the practitioner should be capable of performing upon the completion of advanced training. Guidelines for continuing education programs for college and university health nurse practitioners are set forth relative to goals, planning, organization, administration services and facilities, faculty, course content, admissions policies, duration, and evaluation.

204. American Nurses' Association, New York. Div. on Maternal and Child Health Nursing Practice.
Guidelines on Short-Term Continuing Education Programs for Pediatric Nurse Associates.
Pub. in American Jnl. of Nursing v71 n3 p509-512 Mar 71.

Guidelines and concepts for short-term continuing education courses preparing pediatric nurse associates (pediatric nurse practitioners) are presented in a joint statement of the American Nurses' Association and the American Academy of Pediatrics. The functions and responsibilities of the pediatric nurse associate in ambulatory child health care are delineated, as are the goals of continuing education programs designed to prepare registered nurses to perform the activities associated with the expanded role of the pediatric nurse associate. The skills that the pediatric nurse associate should have attained after completing the continuing education program are specified. General guidelines are suggested for planning activities, organization and administration, services and facilities, and faculty. Cooperation between the nursing and medical professions is stressed. An outline of course content is provided, including the areas of growth and development; interviewing and counseling; community dynamics; positive health maintenance; childhood illness; community resources and delivery of child health care services; the relationship among the patient's family, the nurse associate, and the physician; and clinical experience. Further guidelines are offered relative to the admission of students, the duration of the program, and evaluation.

205. Arizona State Dept. of Health Services, Phoenix. Bureau of Nursing.
Development of a Geriatric Nurse Practitioner Program in Arizona.
163p Jul 75 Available NTIS HRP-0014684

The feasibility of educating nurses in Arizona to become

geriatric nurse practitioners is explored. In a survey of 2,250 registered nurses, 386 women and 9 men responded and stated that they were interested in expanding their professional knowledge and skills to become nurse practitioners. A profile of a typical potential geriatric nurse practitioner was devised from an analysis of the survey data. A questionnaire was mailed to 300 professional health care providers throughout the State of Arizona to elicit their opinions on geriatric nurse practitioners. Those professionals sampled were in nine categories: medical physicians, osteopathic physicians, nursing home administrators, directors of nursing in nursing homes, home health care administrators, directors and head nurses of community and public health agencies, directors of nursing in acute care hospitals, staff nurses in community health agencies, and staff nurses in nursing homes. Resources for the establishment and location of geriatric nurse practitioner programs in Arizona were investigated. Curriculum guidelines were established for a geriatric nurse practitioner program. Instructional goals were developed for a geriatric nurse practitioner program. Curriculum design patterns of practitioner programs for flexible continuing education are illustrated. Core concepts for a geriatric nurse practitioner program curriculum are also depicted. Proposed curriculum guidelines for a short-term continuing education program are presented in tabular form. Appendixes contain additional information on geriatric nurse practitioner education and a form for conducting an educational survey. A bibliography is provided.

206. Arkansas League for Nursing, Little Rock.
Continuing Education Program for Nursing Home Personnel.
166p Jun 74 Available NTIS HRP-0018884

Materials developed by the Arkansas League for Nursing task force concerned with continuing education for nursing home personnel are presented. Task force recommendations for a medication assistant program include the objectives of the program, its content, the drugs to be included, and eligibility criteria for nursing aides and assistants wishing to participate. A curriculum guide and a pretest to determine the potential participant's reading and math skills are included. Materials on the legal aspects of drug administration in nursing homes and on drug classifications are provided. Recommendations concerning drug administration, developed by nursing home administrators, nurses, and other personnel in workshops held throughout the State, are presented. A form for obtaining information on the drugs being administered in nursing homes is included. Materials on nursing care plans, guidelines for medical record consultants in

nursing homes, and a curriculum guide and handouts for a 5-day course for nursing home activities coordinator are presented. Included are descriptions of common diseases in the elderly, forms for recording patients' activities histories and participation in nursing home activities, and a guide for working with volunteers. A workshop program on leadership skills is outlined.

207. Armour Mildred.
Arkansas League for Nursing, Little Rock.
Care -- A Continuing Education Program for Nursing Home Personnel. v1 -- Introduction.
38p Jun 72 Available from Arkansas League for Nursing, 1815 W 12th, Little Rock, AR 72202.

A program of continuing education for nursing home personnel was developed as a project of the Arkansas League for Nursing and funded by the Arkansas Regional Medical Program. Individual study units or lesson plans in the program are intended for use by individuals responsible for inservice education in nursing homes. Each study unit is comprised of a single lesson plan that includes objectives, resources, teaching and learning activities, and suggested evaluation tools or methods. The following elements of the continuing education program are examined: teachers, students, meetings, program planning, setting up objectives, incorporating objectives in a plan, and evaluation through objectives. This volume describes the nurse as teacher in depth, presenting a role model for future nurses, and outlining the nurse's personality and characteristics, and manner and attitude on the job. Teaching methods are identified as lecture, demonstration, group discussion, independent study groups, role playing, panel discussion, and the use of resource personnel. Teaching aids discussed include the blackboard, flip sheet pad, flip chart, posters, models, bulletin boards, and audiovisual aids. The teaching plan and the evaluation of teaching and learning are discussed.

208. Axford Rita; Cutchen Linda.
Medical Center Hospital of Oroville, Calif.
Using Nursing Research to Improve Preoperative Care.
Pub. in Jnl. of Nursing Administration v7 n10 p16-20 Dec 77.

A preoperative teaching program based on Lindeman's study of structured and unstructured preoperative teaching was planned and implemented to improve preoperative care. Lindeman's study had shown preoperative teaching to be positively received by both patients and nursing staff. Based on that research, an inservice teaching program was

developed for a postoperative stir-up routine, including postoperative coughing, turning, deep breathing, and leg exercises. A clear definition was made as to what would be included in the preoperative teaching of patients in the hospital, techniques for each stir-up activity, and a summary of written documentation concerning preoperative teaching to justify the program. Concurrently, physician interest and cooperation in the program were solicited. Behavioral objectives were developed for staff members to assist their learning and to provide guidelines for evaluating the classes. Visual aids and teaching techniques were then established. The preoperative teaching procedure was incorporated into formal hospital policy as a nursing function, and the program was then initiated in small inservice classes of two to eight nurses during periods of ward conferences, inservice time, and off-duty time near shift changes. Each nurse on the staff was required to attend one session of the 14 held. Resistance to the program came from lack of knowledge of preoperative teaching, lack of conviction that it benefits patient care, belief that it would increase workload, belief that time for teaching was not sanctioned, and discomfort with the role of the nurse as teacher. Results were interpreted as supportive of the concept of applying nursing research in real care settings.

209. Berni Rosemarian.
Washington Univ., Seattle. Dept. of Rehabilitation Medicine.
Continuing Education Programs in Restorative Long-Term Care for Licensed and Non-Licensed Nursing Personnel.
50p 1975 Available NTIS HRP-0014305

Curriculum models are presented for continuing education courses in rehabilitation and restorative nursing. The models, developed and implemented at the University of Washington, describe the curriculums for two programs: (1) a 3-week course designed to train licensed registered nurses to teach rehabilitation nursing to nursing home personnel; and (2) a course for licensed and nonlicensed nursing home personnel to be taught by the graduates of the trainers' course. The trainers' course enables registered nurse trainers to develop and teach short-term training programs in rehabilitation nursing for nursing home personnel. The major innovative emphasis of the curriculums is on behavior modification toward independence and on evaluation by patient / resident / consumer outcomes. The curriculum model for the trainers' course contains a statement of the purpose and objectives of the course, a list of recommended faculty, enrollee qualifications and recommended tuition levels, an outline of course content, and a discussion of teaching

methodologies to be employed. Also included are a day-by-day schedule of activities and assignments for the 3-week trainers' course and a list of materials recommended for the trainer's library. Course content covers the following topics: rehabilitation philosophy and the team approach; relevant anatomy, physiology, pathology, and psychology; problem-oriented care, records, and accountability; activities of daily living; positioning of patients, body mechanics, and bed mobility; preventive care and disuse syndrome (including care of integument); passive range of motion, group exercise; transferring and ambulation techniques; bowel and bladder training and ostomy care; instruction of the patient and family; behavior modification and learning tools; and normal and pathological aging. The syllabus for the trainees includes a course introduction, course outline, handouts, worksheets, and a bibliography.

210. Bivin Victoria E.
Utah Univ., Salt Lake City. Health Sciences Center.
Clinical Specialist - An Educator.
Pub. in Nursing Clinics of North America v8 n4 P715-722 Dec 73.

The role of the medical clinical specialist is described in terms of her contribution to staff and to patient education. The problems encountered in attempts at both centralized and unit-specific inservice continuing staff education are discussed, and the functions of liason, advocate, and behavioral catalyst are recommended for the clinical specialist. Established routines for patient education are shown to be often unresponsive to particular patient needs; the accessibility and flexibility of the clinical specialist are shown to be of potentially great value, both to the patient and to the staff nurses. It is concluded that meeting of the learning needs of the adult will be an important measure of the specialist's success in the clinical area. References accompany the text.

211. Braley Naomi L.
International Harvester Co., Indianapolis, Ind. Motor Truck Branch.
Programming Continuing Education Activities.
Pub. in Occupational Health Nursing v25 n3 p7-15 Mar 77.

The principles of leadership relevant to the responsibilities of the occupational health nurse in leadership positions of continuing education were described. These principles include encouraging nursing practice standards, maintaining competence, promoting associational activities, and implementing educational

advancement. It is suggested that occupational health nursing differs from ordinary nursing in demanding specialized knowledge while functioning in multiple roles of nurse, supervisor, administrator, interpreter, teacher, counselor, social worker, rehabilitationist, motivator, and advocate. As the image of the occupational health nurse is influenced by the competence of the individual and the profession, continuous updating of knowledge and skills is required. The individual occupational health nurse is responsible for taking advantage of the continuing educational opportunities available, identifying needs for education, seeking to fulfill these needs, and being accountable for the practice of the profession. Resources for information and programs in continuing education for nursing are described, including the American Association of Occupational Health Nurses and the American Board for Occupational Health Nurses. The components of continuing education and guidelines for its pursuit are discussed in relation to institutes, conferences, lecture series, panels, workshops, seminars, practicums, and coursework.

212. Bunning Richard I.
Samaritan Health Service, Phoenix, Ariz.
Nursing Inservice Education in Rural America: One Proposal for Meeting the Need.
Pub. in Jnl. of Continuing Education in Nursing v6 n2 p28-30 Mar-Apr 75.

A cooperative effort between health institutions and a community college to provide inservice training for rural nursing personnel is described. Traditional solutions for meeting inservice education needs in rural areas have several disadvantages: audiovisual resources are often too costly and may be inapplicable for specific institutional requirements; costs and lack of educational effectiveness may hinder the utility of programs involving local and regional resource persons such as physicians and pharmacists; and often only a limited number of an institution's employees can be released from work to attend workshops. An alternative to the traditional solutions was developed by Morgan Community College (Ft. Morgan, Colo.) and health institution representatives. A trial program was formulated for the 1972 - 1973 school year in which instructors from the college nursing department provided periodic inservice education for the institutional nursing personnel. The programs, which were given twice daily at each different town on a monthly basis, eventually involved over 600 persons from 14 institutions. Among the advantages of the program were accessibility, reduced cost (no more than $50 per town per month), and quality instruction.

213. Cady Louise.
Richmond Memorial Hospital, Va. School of Nursing.
Extending the Role of Public Health Nurses.
Pub. in Nursing Outlook v22 n10 p636-640 Oct 74.

A committee was established by the Virginia State Health Department to broaden the scope of practice for public health nurses in local health departments. It was comprised of State nurse consultants in such specialties as maternal and child health, family planning, pediatrics, tuberculosis, mental health, handicapped children, long-term illness, and occupational health. The task of the committee was to formulate a plan of instruction for an inservice program to prepare nurses for an extended role. The functions of an extended role public health nurse were delineated. Questionnaires were mailed to 140 nurses to determine how many performed advanced procedures. A telephone survey of nursing supervisors was also conducted. This survey showed that a nursing guide prepared by the State health department was used for the orientation of public health nursing staff and as a reference, for clinic procedures and review, and for programming and program evaluation. Advanced skills common to various specialties were identified. A syllabus of inservice instruction was prepared, based on four specific content areas: nursing intervention, nursing assessment, treatment, and clinic management. Regional educational coordinators responsible for inservice education in Virginia were given the task of planning and implementing the syllabus. The amount of time necessary to attain competence in a given content area differed according to the approach adopted by regional coordinators in setting up and conducting an inservice education program.

214. Caliendo Mary Alice.
Syracuse Univ., N.Y. Dept. of Human Nutrition.
In-Service Educational Program for Dietetic Technicians Involved in Geriatric Nutrition.
Pub. in Jnl. of the American Dietetic Association v69 n2 p164-167 Aug 76.

An inservice training program for dietary personnel at Loretto Geriatric Center, an extended care facility for the elderly in Syracuse, New York, is described. The Center is described as a community offering skilled nursing, intermediate care, adult home, apartment living, and registrant services -- the aim being to help elderly persons maintain the highest level of self-sufficiency possible. Resident care teams, composed of representatives from the divisions of nursing, social services, activities, and nutrition, assume responsibility

for groups of residents. Dietetic technicians are responsible for assessing the nutritive value of residents' diets; conducting interviews with residents and their families to determine eating habits, patterns, and preferences; developing and implementing nutritional care plans; monitoring therapeutic diets; and representing the nutrition department on the health care team. The technicians have completed a 2-year degree program and are involved in an ongoing inservice education program developed specifically for them. The inservice program consists of a series of eight modules designed to familiarize the technicians with the medical charts of the residents; to increase their competency in assessing nutritional status; and to formulate, implement, and monitor nutritional care plans and utilization review plans. The objectives and activities of each inservice training module are discussed, and future plans are summarized.

215. Chafetz Linda; Gaillard Jacqueline.
California Univ., San Francisco. Dept. of Community and Mental Health Nursing.
Impact of a Therapeutic Nurse-Family Relationship on Post Graduate Public Health Nursing Students.
Pub. in International Jnl. of Nursing Studies v15 n1 p37-49 1978.

The Geneva School of Nursing incorporated an extended experience in therapeutic relationships into their 6-month program for certification in public health nursing. Participating agencies furnished brief profiles of appropriate families which had health problems, but no need for technical nursing care, from which students could select cases according to their own criteria. Two consecutive groups of students made home visits for a period of about 4.5 months to their chosen families. Students submitted weekly written reports on their experiences, periodically met with the group leader individually and met in small groups once a week for mutual sharing and support. At the end of their study periods, members of both groups completed a written interview covering their subjective reactions to the therapeutic relationships experience, including their initial concerns, their areas of satisfaction or difficulty, their feelings about supervision, and the usefulness of the experience. The interviews indicated that students felt a great deal of stress at the outset of the relationships, generally based on fears of intruding on and exploiting clients. This was more pronounced in the first group of students than in the second. While the second group of students also shared a concern about the ethics of the visits, they were more open to a new

experience and appeared to react more professionally than personally to the situation. The students generally reacted favorably to the experience and acquired an appreciation of the supportive, nonintrusive aspects of the therapeutic relationship. The students' responses to this program suggest that teaching strategies dealing with the ethical aspects of home visits should be reevaluated in order to develop methods which better aid students to cope with stress related to their right to enter a home without a technical care function.

216. Dickman Irving R; Nodell Celeste.
United Hospital Fund of New York. Nursing Home Trainer Program.
How to Plan an Inservice Education Program for Your Nursing Home.
49p Dec 72 Available NTIS PB-251 899/1

The report is a supplement to the demonstration project that establishes a regional program for instructor/consultants for nursing homes. Inservice education in nursing homes is a systematic and continuing process of providing job-related learning experiences for all personnel responsible for direct and indirect care and services to patient/residents. The content of the guide was formulated by the Fund's staff and consultants, but information it contains is based on actual experience in the cooperating nursing homes. (NTIS)

217. Fincke Mildred K.
Allegheny General Hospital, Pittsburgh, Pa.
New Dimension in Emergency Nursing.
Pub. in Jnl. of Emergency Medicine v1 n5 p45-52 Sep-Oct 75.

A program to prepare nurses to make certain decisions and perform certain tasks normally undertaken by a physician was instituted at the Allegheny General Hospital in Pittsburgh, Pa., when it was found that the emergency room patient load was increasing while physician services were decreasing. The Emergency / Ambulatory Nurse Practitioner Program was designed to provide comprehensive clinical, laboratory, and classroom instruction and preceptor training for registered nurses. In the training, limits are placed on the tasks the nurse practitioner will perform, and a distinction is made between independent functions and interdependent functions. The first class of six registered nurses completed the 6-month, 1,120-hour course in July 1975. The course was divided into two 15-week segments, the first of which consisted of instruction at Allegheny General Hospital, and the second

involved working under the direction of a physician preceptor at the nurse's home hospital. The course of study is detailed with information about teaching method and contact time for the following subjects: the expanded role, definition of triage, the dispenser of health care, the consumer of health care, communication, skills and process of interviewing, pertinent observations, definitions, assessment of data, correlation of medical and nursing regimen, review data, health referral, evaluation, revision, components of communication, self-development, and legal aspects. The nurse practitioner functions are enumerated.

218. Flower Margaret; Barden Gertrude; Kerstein Morris D. Veterans Administration Hospital, New Haven, Conn.
Role of the Nurse Epidemiologist in Infection Control and Continuing Education.
Pub. in Surgery, Gynecology and Obstetrics v141 n4 p552-554 Oct 75.

The role of a nurse epidemiologist in preventing a cluster of infections from becoming an epidemic is described. The West Haven Veterans' Administration Hospital in Connecticut had an increase in the number of serratia isolates. An epidemiologic investigation which included personnel and environment helped in correcting errors in techniques, management, and judgment. Among the problems noted were that handwashing between caring for each patient was not routinely performed, a building management employee assigned to clean the wards involved (the surgical intensive care unit and the urology ward) did not know the housekeeping requirements for appropriate cleansing agents and the two bucket system, and sinks designated for washing of hands were cluttered with urine-testing equipment, urinals, and urine collection containers. Suggestions made to correct these conditions involved emphasizing hand washing between each patient contact, improvement in the daily care of indwelling urethral catheters, spatially dispersing Foley catheterized patients, separating and designating clean and dirty sinks, using individual urometers when possible, or disinfecting after each usage and disinfecting environmental surfaces frequently. Lessons learned from the investigation were that without surveillance through bacteriology laboratory cooperation, appreciation of endemic infection problems and early recognition of epidemic ones is impossible; and that there is a need for continuing education at medical, nursing, and housekeeping levels. Following the investigation by the epidemiologist, the number of serratia infections dropped.

219. Gilliland Virginia M; Hickey Tom.
Pennsylvania State Univ., University Park. Gerontology Center.
Curriculum Design for the In-Service Training Context.
11p Jun 75 Available from Pennsylvania State University, College of Human Development, 201 Old Main, University Park, PA 16802.

Efforts at the Pennsylvania State University to develop inservice training programs for gerontological service providers suggest a consumer-oriented approach to training. Certification programs for teachers, nursing home administrators, and various professional groups who must complete a specified number of hours in continuing education so that they can maintain their positions are discussed. Such programs are not always effective, since program content may have little or no relation to actual job performance. Workshops and conferences help develop an individual's knowledge and skills, even though service agency administrators are genrally reluctant to support this type of training. An organization-oriented training model provides a satisfactory response to training needs. The extent to which this model improves the quality of or skills associated with the delivery of sevices, however, is questionable. The Gerontology Manpower Training Program at the Pennsylvania State University attempts to develop guidelines and demonstration training programs for persons involved in the delivery of services to the elderly. The results of an evaluation of this program show that a certain amount of structure is needed in the implementation of innovative learning approaches. It is felt that, in a successful training program, the individual trainee must be considered in relation to actual job performance and the setting in which services are delivered.

220. Goodman Lillian Rachel.
Model of Objectives for a Program of Continuing Education for Psychiatric Nurses in Community Mental Health Work in Massachusetts.
202p 1969 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 70-12174.

221. Hennessy Elaine Cottrell; Reavis Patricia.
Mercy Hospital, Pittsburgh, PA.
Acute Care of the Medical-Surgical Patient -- Program for Non-Critical Care Nurses.
Pub. in Jnl. of Continuing Education in Nursing v9 n4 p29-32 1978.

A staff development program for acute medical-surgical care nurses at Mercy Hospital in Pittsburgh Pa., is outlined. Program need was established on the basis of nursing audit results and staff interviews. Planning involved determination of objectives; faculty consultation; content determination on the basis of admission statistics and the CORE Curriculum for Critical Care Nursing, combined with a body systems review and psychosocial subjects; inclusion of expert faculty; incorporation of clinical conferences; application for continuing education units through the Pennsylvania Nurses' Association; compilation of a bibliography, and participant selection of head nurses. The actual program consisted of two 8-hour days a week for five and one-half weeks. Implementation began with a discussion of nurses' obligation to keep knowledge current, of the function of tests as evaluation tools, and of guidelines for patient conferences. Student performance was measured with pretests and posttests. Program evaluation through questionnaires with followup interviews 3 months later showed satisfaction with the program, greatly increased use of physical assessment skills, and improved nursing judgment, information sharing, and patient education; two participants were motivated to pursue further education. Experience with overloaded participant nurses made it apparent that participants should not be scheduled to work more than 40 hours a week with class hours considered part of their work week. One table and a short bibliography are furnished.

222. Heppler Jacqueline.
Colorado Univ. Medical Center, Denver. Geriatric Nurse Practitioner Program.
Gerontological Nurse Practitioner: Change Agents in the Health Care Delivery Systems for the Aged.
Pub. in Jnl. of Gerontological Nursing v2 n3 p38-40 May-Jun 76.

The objectives and curriculum of a continuing education program at the University of Colorado School of Nursing designed to prepare gerontological nurse practitioners are described. The program focuses on improving a nurse's capacity to provide services for the elderly in the areas of enrollment, health maintenance, long-term management of chronic disease, and sick care. The program's philosophy reflects the belief that aging, although accompanied by many chronic diseases, is not an illness but rather a normal process of living. The program consists of two 5-week sessions. Between sessions, the participant returns to her sponsoring agency or institution to work with a preceptor. The program is open to all registered professional nurses with prior experience in working with

the elderly. After completing the 380 hours of didactic sessions and planned clinical experience, each participant is followed by program staff for 1 year before being evaluated in accordance with course objectives. Evaluation techniques include pretests and posttests, observation by faculty and peers, and measurement of changes in participants' attitudes toward expanded roles.

223. Horoshak Irene.
Transformation of the ED Nurse. Part 2: Upgrading Skills and Status.
Pub. in RN v38 n8 p35-38 Aug 75.

Methods employed by emergency department nurses to upgrade their professional skills are noted. One of the major factors in the movement to upgrade the skills of emergency department nurses was the expectation of the Emergency Department Nurses' Association to double its membership from 8,500 in 1974 to 17,000 in 1975. The certification program of the association is to be designed in a modular format, with 25 modules representing various nursing disciplines. The modular curriculum and testing process are expected to be operational by the end of 1977. Anticipated benefits of certification are uniform standards for emergency care and across-the-board improvements in emergency departments. Emergency care educational programs offered by several institutions in the United States are described, including programs at the University of Kansas, the Arizona State University College of Nursing, and the Illinois Division of Emergency Medical Services. Trends in the growth of emergency service as a medical specialty are reviewed, and the role of the Federal Government in the delivery and improvement of emergency care is discussed.

224. Hosford Marian Hauck.
Continuing Education of School Nurse-Teachers in New York State -- A Descriptive Study.
185p 1962 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 62-04900.

225. Hott J.
Continuing Education and the Expanded Role of the Obstetrical-Gynecological Practitioner in Maternal-Child Nursing.
Pub. in Jnl. of Continuing Education in Nursing v5 n6 p26-30 Nov-Dec 74.

226. Jones Phyllis E.
Toronto Univ. (Ontario). Faculty of Nursing.
Program in Continuing Education for Primary Health Care.
Pub. in Nursing Clinics of North America v10 n4 p691-698 Dec 75.

An educational program developed at the University of Toronto in Canada for nurse practitioners is described. The continuing education program was planned and developed to improve health care services through increasing the skills of nurses in the delivery of primary care services. The objectives of the program were twofold: (1) to develop an educational program that would provide additional knowledge, skills, and experience required by graduate nurses working in isolated and/or underserved areas; and (2) to develop a model of experience and staff from which to build further educational programs for primary health care assistants. Three phases constituted the program: development of a short and practical educational program; employment of graduate nurses in underserved areas; and introduction of an educational program to expand the program including nurse registration and guaranteed employment in primary care setting. Educational goals of continuing education courses were specified in four broad areas: health needs assessment, planning, common illness management, and health care evaluation. Program evaluation data showed that course registrants achieved the defined educational objectives. The implications of the program for the development of other continuing education courses are discussed.

227. Judy M G.
Continuing Education for the Nursing Process Skills.
Pub. in Occupational Health Nursing v23 n5 p18, 40 May 75.

228. Kahn Jane M.
Hollywood Presbyterian Medical Center, Los Angeles, Calif.
Trends in the Educational Process for the Critical Care Nurse.
Pub. in Critical Care Management v3 n3 p123-126 May-Jun 75.

Influences on the development of special training programs for critical care unit nurses are discussed, and the three-phase critical care nursing program at Hollywood Presbyterian Medical Center, Los Angeles, Calif., is described. The curriculums of early critical care training programs are described, and the findings of a 3-year study by the National Commission for the Study of Nursing and Nursing Education are reviewed. California State legislation concerning continuing education

requirements for relicensure of nurses is discussed. The particular significance of advances in technology and changes in roles and legislation for critical care nursing is noted. The Hollywood Presbyterian Medical Center program designates educational and skill requirements for three levels of critical care nurses. The multiphase approach allows the general medical - surgical nurse to adapt gradually to the critical care setting, thus avoiding the loss of potential critical care nurses who are overwhelmed when transferred abruptly to crisis units. The approach also makes it possible for nurses to be promoted on the basis of their clinical skills outside of the administrative hierarchy. The importance of the full-time inservice instructor's role in the program is noted. Plans to evaluate the program, which was in its pilot stage at the time of the article, are described.

229. LaMonica Elaine L; Carew Donald K; Winder Alvin E; Haase Ann Marie; Blanchard Kenneth H.
Columbia Univ., New York. Teachers Coll.
Empathy Training as the Major Thrust of a Staff Development Program.
Pub. in Nursing Research v25 n6 p447-451 Nov-Dec 76.

The level of empathy of registered nurses in acute and chronic care hospitals was assessed in the course of a staff development program based on a human relations model. Carkhuff's Index of Communication was employed to obtain an objective measure of the level of empathy of registered nurses. The core condition of empathy in the staff development program was categorized according to training in perception and training in response with empathy. Specific areas of emphasis within these categories included nonverbal behavior and ineffective styles of communication. The study population consisted of 39 registered nurses, with nurses educated in a baccalaureate program excluded from the sample. Of the 39 nurses, 24 were pretested and scored less than 2.0 on Carkhuff's Index of Communication. The 24 nurses were divided into an experimental group receiving the pretest, staff development program, and posttest and into a control group receiving only the pretest and posttest. Data analysis was performed to assess the staff development program and rater reliability. The results of the study showed that registered nurses had extremely low levels of empathy. Pretest scores varied between 1.23 and 1.73 for the experimental and control groups. The level of 1.00 on Carkhuff's index represented irrelevant or hurtful responses, while the level of 2.00 represented responses only partially communicating an awareness of the surface

feelings of a patient. The staff development program raised levels of empathy, although it was recommended that more training be conducted to enhance levels of empathy among the nurses.

230. Lamson Warren C; Chamberlain Jeanette G; Loebl Richard J.
National Inst. of Mental Health, Rockville, Md.
Continuing Education in Mental Health. Project Summaries.
210p 1974 Available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, $2.80.

Summaries of each NIMH funded continuing education program in operation during 1972 to 1973 are provided. Every summary outlines general and specific educational objectives, methods and content of the program, significant characteristics of enrolled students, and program evaluation, including the potential for replication of the program, the impacts of the project to date, changes occurring in the program subsequent to submission of the most recent training grant application, the major strengths and weaknesses of the program, and analysis of its innovativeness as an approach to continuing education in mental health. Summaries are categorized according to the headings of continuing education for physicians, psychiatrists, behavioral scientists and allied professionals, nurses and related personnel, and interdisciplinary training. A total of 117 summaries are presented. The Appendix gives the overview of training program questionnaire mailed to the sponsoring organizations.

231. Lancour Jane; Reinders Agnes A.
Marquette Univ., Milwaukee, Wis. Coll. of Nursing.
Pilot Project in Continuing Education for Critical Care Nursing.
Pub. in Jnl. of Nursing Administration v5 n8 p38-41 Oct 75.

Participation by clinical nurse specialists from the critical care units of four Milwaukee, Wis., hospitals in the development of a university-based inservice education program for new nurse employees in critical care units is described. The specialists, with the full support of their directors, worked with a representative of Marquette University, Milwaukee, Wis., in developing the course. Written agreements between the university and the directors of nursing were obtained concerning the participation of the clinical specialists in the development and presentation of the program, tuition fees for the program, and preceptorships in the hospitals. A

grant to purchase equipment for the program was obtained, and a project coordinator was employed by the university to manage the program. After the overall course plan was defined, each clinical specialist assumed responsibility for the detailed development and implementation of one unit of the course. The course, presented in 5.5-hour sessions Monday through Friday over a 4-week period, was offered for the first time in July 1974. All 28 registrants, 20 of whom were from the 4 sponsoring hospitals, completed the course. On the basis of student and faculty comments concerning the strengths and weaknesses of the course, revisions were made. In general, students felt they had benefited greatly from the opportunity to learn in a university setting away from their jobs.

232. Lansky Melvin R; McVey Geneva G; Wendahl Nina; Keyes Victoria. California Univ., Los Angeles. School of Medicine.
Family Treatment Training for Psychiatric Nurses -- A Report on Serial In-Service Workshops.
Pub. in Jnl. of Psychiatric Nursing and Mental Health Services v16 n5 p19-22 May 78.

Serial inservice workshops developed for psychiatric nurses in large Veterans Administration hospitals are described. The objective was to train ward psychiatric nurses to work with families. The teaching staff consisted of a family treatment team used to dealing with the number and type of patients and the staffing patterns of wards. The role of the family in the decision for hospitalization, in posthospitalization support, and in illness precipitation leading to hospitalization were emphasized. The first workshop on April 27, 1976, consisted of four one and one-half hour sessions on the hospital setting and recapitulation of family problems in hospital treatment; on the importance of studying one's own family; on psychopathological entities in the family situation; and on functioning as a family therapist, the latter a group discussion led by a registered nurse instructor. Most participants surveyed after 3 months felt that they had learned a great deal but were unable to apply their knowledge because of ward or staffing difficulties and family resistance. A second workshop on January 25, 1977, focusing on implementation involved four sessions: a small group discussion with registered nurse leadership, a taped first interview with a family, portions of tapes supplied by previous participants, and small group discussions as before. The workshops showed that educational objectives could be met without instilling the confidence to implement knowledge, but that implementation could be meaningfully addressed in the following workshop by emphasizing registered nurse

leadership in the sessions, and by presenting the program as a whole treatment team to encourage participant identification.

233. Linton Corinne B; Marshall Frances M.
Huntsville Hospital, Ala. Div. of Education.
Hospital-Based Graduate Nurses Specialty Institute: A Continuing Education Paradigm.
Pub. in Jnl. of Continuing Education in Nursing v7 n1 p5-9 Jan-Feb 76.

A continuing education model was used at the Huntsville Hospital in Alabama to delineate various components of the hospital's Graduate Nurses Specialty Institute. In November 1973, the hospital's division of education conducted a survey among hospital nursing personnel to determine if there was sufficient interest for the establishment of a Graduate Nurses Specialty Institute. Three purposes of the institute were envisioned: (1) to update the knowledge of nurses on anatomy, physiology, and pathophysiology; (2) to fulfill expectations of the expanded nurse role; and (3) to deliver more expert nursing care to health service consumers. Of the hospital's 370 registered and practical nurses, 189 completed a questionnaire and reported an interest in taking specialty courses. The Graduate Nurses Specialty Institute was formally established in December 1973. Initial plans of the institute consisted of a program for each major body system (respiratory, renal, neurological, and cardiovascular). Subject matter in each course would include anatomy, physiology, physical assessment, disease processes, treatment, and nursing implications. An 8-week course for hospital nursing personnel began in April 1974 and concluded in June. The course covered pulmonary problems and the implications for nursing care. In order to receive continuing education credit and a certificate, all class participants were required to attend at least six of the eight classes. Of 153 hospital personnel starting the course, 110 successfully completed it (75 registered nurses and 35 practical nurses). A significant percentage of course participants indicated that it would be of direct value in their work.

234. MacPhail Janetta.
Frances Payne Bolton School of Nursing, Cleveland, Ohio. Ambulatory Nursing Project Group.
Development, Implementation, and Evaluation of an Educational Program. The Role of the Professional Nurse in Primary Health Care.
217p 1974 Available from Case Western Reserve Univ., Frances Payne Bolton School of Nursing, 2121 Abington Rd.,

Cleveland, OH 44106.

A project of the Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland, Ohio, to develop and test the extended role of nurses in ambulatory care settings is reported. It was assumed in the project that four factors provide a basis for the transition from traditional nursing roles to more independent roles in ambulatory care agencies: (1) anticipatory socialization; (2) clarity of roles; (3) role incompatibility; and (4) goal attainment. Ten classes of approximately 10 students each were admitted for 13-week offerings between March 1, 1973, and February 6, 1976. Outcome evaluation focused on nine areas: selection of students and their completion of the course, work roles, scope of practice, type and quality of care, working relations, continuing development of graduates, employer satisfaction, consumer - patient satisfaction, and changed attitudes of other health care workers. The 13-week curriculum included formal classroom instruction as wel as school laboratory practice, clinical practice, and independent study. Classroom instruction covered the areas of role, health evaluation and supervision of the well person, adult management, child health management, and other areas such as human sexuality. Careful screening criteria were devised for program applicants and 59 of the 63 students accepted completed the course successfully. Faculty and graduates of the program were able to delineate appropriate interdependent roles and develop collaborative relationships with other health professionals. A list of references is provided, and additional information is appended on the role of professional nurses in ambulatory health care settings.

235. McAtee P R.
Continuing Education for Nurse Practitioners.
Pub. in Pediatric Nursing v4 n3 p37-39 May-Jun 78.

236. McCalla June L; Ferguson Vernice; Leventhal Brigid G; Harpine Frances H.
National Institutes of Health, Bethesda, Md.
Short-Term Continuing Education Program for the Development of a Pediatric Oncology Nurse.
Pub. in Jnl. of Continuing Education in Nursing v6 n5 p23-29 Sep-Oct 75.

The participation of six professional nurses in a short-term continuing education program for the development of pediatric oncology nurses is discussed. The program was initiated in 1974 at the Clinical Center of the National Institutes of Health and was developed by

a multidisciplinary team comprised of physicians, nurse practitioners, nursing service, hospital administrators, and a nursing educator. The objectives of the program were to broaden the knowledge and practice of professional nurses in the field of pediatric oncology, to assist professional nurses in becoming active participants on the medical research team, and to develop professional nurses as pediatric oncology nurses over a 5-month period. A distinction was made between a pediatric oncology nurse and a pediatric clinical nurse specialist, a pediatric nurse practitioner, and/or a pediatric nurse associate. A pediatric oncology nurse was defined as a professional nurse with at least 1 year of experience in pediatric nursing before completing the continuing education program which focused on the nursing care of children with malignant conditions. The program involved 544 hours of clinical activity, with specific theoretical content presented during 136 hours of formal classroom sessions. Behavioral objectives were developed for six segments of the program: pediatrics, nursing process interview techniques, patient examination, pediatric oncology, emotional adjustment of patients and their families and staff, and pediatric emergencies.

237. McMullan Dorothy.
National League for Nursing, Inc., New York. Div. of Nursing.
Preparation of the Nurse Specialist.
13p 1977 Available from National League for Nursing, Ten Columbus Circle, New York, NY 10019.

The fact that there are different levels of nursing education that prepare persons for generalist nurse practice poses particular difficulties in the preparation of nurses for extended roles in the various clinical specialties. Preparation for nursing specialization has suffered a lowering of standards, most notably under the guise of continuing education, over the past several years. The National League for Nursing's Council of Baccalaureate and Higher Degree Programs has been specific in its support of baccalaureate nursing education as the generic program to prepare a beginning professional nursing practitioner, and the masters degree program to prepare nurses for areas of nursing specialization. The nurse who decides to become a specialist professional nurse practitioner needs to have the educational base of the generalist professional nurse practitioner, particularly the knowledge, intellectual skills, technical skills, and interpersonal relations skills that are essential to the nursing process. Continuing education programs purporting to prepare students for specialization which accept students with uncertain or inadequate basic

education create graduate students with gaps in their knowledge which are a disservice both to the student and to the public. Standards for accreditation need to be developed and adhered to, and certification for specialization in nursing should require education equalling a master's degree preparation for specialization.

238. Menninger Foundation, Topeka, KS. Center for Applied Behavioral Sciences.
Toward Understanding Therapeutic Care -- A Training Guide for Inservice Education in the Psychosocial Components of Long-Term Care.
62p 1978 Available from Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

Social and psychological issues underlying the delivery of effective long-term care are addressed. The issues are discussed in a training manual designed to aid in the conduct of an inservice education program. Therapeutic care is the focus of the manual, with the main characteristic of a therapeutic facility being that all staff members work together as a team. Basic principles of psychosocial care are considered in the first unit of the manual, followed by units on caring as it relates to nursing homes and the concept of a therapeutic community and what it means in terms of staff responsibilities and interaction. The fourth unit focuses on the life cycle and unique problems faced by the elderly as a result of society's attitudes toward them. The fifth unit examines structure and the morale curve, emphasizing the impact of change on an older person's lifestyle and the way change affects nursing homes as organizations. In the sixth unit, the process of admitting a resident to a nursing home is detailed. Case histories are contained in the seventh unit to show problems that can occur after admission and potential solutions. The eighth unit on reality orientation describes an important technique for reorienting confused patients. Two units are comprised of exercises dealing with responsibility and self and with guided imagery. The final units pertain to death and dying, with suggestions offered on how to work with dying patients and their families, and to the conduct of inservice education. Each unit contains one or more objectives, introductory material, a reading assignment, suggested reading, and study questions and/or a project. Audiovisual aids and a bibliography accompany the manual.

239. Miller Joan E..
Good Samaritan Hospital, Phoenix, Ariz.
Staff Development in the Intensive Care Unit.
Pub. in Nursing Clinics of North American v7 n2 p323-333 Jun 72.

An inservice education program established to provide development opportunities for registered nurses, licensed practical nurses, and nursing technicians in a hospital special care unit is described. The special care unit comprises a 13-bed medical - surgical intensive care unit, a four-bed open heart unit, and a four-bed coronary care unit. The goal of the staff development program is to achieve optimum quality of nursing care for unit patients. The development program is a continuous process that begins with an individualized orientation program designed to introduce the individual to the policies and procedures specific to the unit and to develop his or her technical skills and knowledge. The orientation period for registered nurses generally lasts six weeks, with one week of general orientation to the hospital and the remainder in orientation to the special care unit. Orientation classes in the special care unit deal with unit routines, blood gases, nursing care of the respiratory patient, interpreting arrhythmias, nursing care of the coronary patient, and explanation of respirators. Through flexibility, the orientation program adapts clinical experiences to meet the needs of the orientee, patient, and staff. The program is evaluated through direct observation and through feedback from the orientee and staff members. Emphasis in postorientation staff development is on staff motivation and individualized, self-directed activities within a framework of educational and behavioral standards required of the staff and reflected in the policies, standards of care, and philosophy of the unit. Diagnostic tools are used to aid individual staff members in choosing their own method of learning -- be it development of a care plan, a case study, attending physician lectures, making rounds with physicians, or any other means. The individual's progress is monitored, and an evaluative test is administered when the individual feels ready to demonstrate his or her accomplishments.

240. Mills Gretchen C.
Hampton Institute, Va.
Nurses Discuss Dying -- A Simulation Experience.
Pub. in Jnl. of Continuing Education in Nursing v8 n5 p35-40 Sep-Oct 77.

A seminar on dying was designed to help nurses examine their personal attitudes and behaviors in the simulated

experience of their own dying and to explore various nursing strategies for assisting individuals and families to cope with dying in positive ways. Participants were each given a statement identifying symptoms that led to the diagnosis of a terminal illness and its initial medical management at the first of the five weekly sessions and statements indicating the progression of the disease process and its current management at subsequent sessions. Participants were expected to spend time out of class thinking about what the illness would mean to them and to their significant others. At the second and third sessions, participants demonstrated a reluctance to discuss their simulation experiences. Many of the participants indicated that they denied the situation and did not give it consideration. Several had attempted without success to discuss the simulated situation with their husbands. Many remained hopeful of a cure until it was completely ruled out. However several of the participants discussed the situation with family members by the fourth session and a few attended to financial or legal aspects of dying. In the fourth report, participants were informed that they had about one week to live. Many were angry at this revelation. Although all of the participants indicated a preference to die at home, only one made the decision to leave the hospital. While all the others decided that they did not want to impose extra burdens on their families, only one of them consulted other family members in reaching that decision. Evaluation of the seminar by the participants indicated that they were helped to understand feelings about their own deaths and the different ways people will react in a similar terminal situation.

241. National Inst. of Mental Health, Rockville, Md. Continuing Education Branch.
Mental Health Continuing Education Programs for Long-Term Care Providers.
97p 1975 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-024-00458-8.

In an effort to improve the quality of life in long-term care facilities providing psychosocial or mental health care, a series of projects was designed to demonstrate possible linkages among long-term care facilities, mental health service agencies, and continuing education programs. Training methods used in the projects included lectures and feedback, panels, films, experimental exercises, demonstrations, role playing, small group discussions, and problemsolving exercises. A continuing education model was used to teach mental health concepts to people working in long-term care facilities. The

application of the model in four projects showed that improved patient care occurs as the result of continuing education for persons working in long-term care facilities and that patients receive better care during their residency period in such facilities. Training procedures employed in the following four projects are detailed: (1) Adelphi University School of Nursing and Social Work in New York; (2) Massachusetts Mental Health Center and the Boston University School of Social Work; (3) North Texas State University; and (4) University of Southern California. It is envisioned that these training projects will serve as a guide in the development of similar programs dealing with the psychosocial aspects of long-term care. Additional information on the four training projects is appended.

242. New England Board of Higher Education, Wellesley, Mass.
Mental Health Continuing Education for Associate Degree Nursing Facilities.
120p 1977 Available NTIS HRP-0016933

The results of a 3-year regional project to improve mental health aspects of associate degree nursing education in the New England area are presented. The project goal was to strengthen the quality of teaching of mental health concepts and skills in associate degree nursing programs. Background information on the development of the project is reviewed. During the fall and winter of 1973 - 1974, visits were made to eight schools in the New England area with associate degree programs. The administrators of these schools stated that they wanted to improve the teaching of mental health concepts in their programs. The continuing education project was subsequently initiated to offer continuing education to a selected group of nurses. Of 31 schools invited to participate in the project, 18 filed applications and 15 were accepted. Eight institutes were held during the course of the project. Site visits were made and trainee projects were conducted. A regional conference was held, and the relationship of the project to the New England Council on Higher Education for Nursing was assessed. At the end of the project, a number of nurses were engaged in a variety of activities to strengthen mental health aspects of nursing education and services in places where the nurses worked. Most trainees said the project had a positive affect upon them as individuals and on their nursing skills. The project was developed, based on the assumption that effective communication between nurses and patients is essential in effective nursing care. Implications of the project results are discussed, and additional information on the project is appended.

243. Nodell Celeste.
United Hospital Fund of New York. Nursing Home Trainer Program.
Inservice Education: Consultation and Related Services for Nursing Home Personnel
156p Dec 72 Available NTIS PB-239 172/0

The report sestablishes a regional program for instructor/consultants for nursing homes. It enumerates the concept of the project, its objectives, methodology and findings. Utilizing an innovative approach by having instructor/consultants in a sample of participant nursing homes in New York City, a program of workshops and tailor-made informational systems was designed to upgrade the care of nursing home patients through inservice education programming. The report contains a summary of all activities including curriculum, approaches, session materials, activity of the instructor/consultants and resources. (NTIS)

244. Nodell Celeste.
Vari-Con and Associates, New York.
Why Inservice Education.
Pub. in Long Term Care and Health Services Administration Quarterly v1 n1 p33-44 Mar 77.

The nature, administration, and benefits of inservice education in long-term care facilities are discussed. The article opens with a brief examination of the pressures for inservice education and of the Nursing Home Trainer Program project conducted at the United Hospital Fund of New York. The findings of the project indicated that services by an instructor / consultant were needed to help nursing home personnel. The project also confirmed the need for continuing education opportunities for all personnel. The article then defines inservice education; in part, this definition states that inservice education is a systematic continuing process of providing job-related learning experiences for all personnel responsible for direct and indirect services to patients and residents. It is stressed that personnel at all levels of responsibility for quality of patient care and services must be involved in coordinated planning of inservice education programs. The role of the administrator, inservice education components (i.e., orientation, skill training, continuing education, and leadership and management development), the steps in the inservice education process, the duties of the inservice education coordinator (e.g., planning and coordinating the inservice education efforts with responsible charge personnel, identifying inservice education needs of various levels of personnel), and inservice education

benefits are then discussed. The article concludes with a section on programming which focuses on administrators and inservice education content, the persons the programming is intended to reach, the time and place it is held, its general and specific objectives, and evaluation of its effect. Six references are included.

245. Northern New England Regional Medical Program, Burlington, Vt. Program in Continuing Education.
Meeting the Multiple Needs of the Aging Person.
33p Oct 71 Available NTIS HRP-0018473

Planning suggestions, course materials, and evaluation material needed for planning a five-session course on care of the aging are presented. The interdisciplinary course is applicable to physicians, nurses, nursing aides, social workers, and others involved in working with elderly persons. Planning suggestions are offered regarding determination of the desired type of participants; the time, place, and date for the program; faculty selection; the budget and registration fee; ordering the film for the course; publicity; the functions of the moderator and of small group discussion leaders; and the specialists needed (e.g., a physician, nutritionists, experts on psychiatric care, institutional representatives, a person with knowledge of Medicare / Medicaid). The course materials provided include a list of instructional objectives, a course outline and work plan, sample discussion questions for the film, guidelines for leading a group discussion, and sample cases. Participants are asked to develop problem lists and management plans and to describe any provisions of Medicare / Medicaid which are applicable to the case studies. Pretests and posttest are provided for use in evaluation of the effectiveness of the course.

246. Nuckolls Katherine Buckley.
Yale Univ., New Haven, Conn. Dept. of Pediatric Nursing.
Continuing Education and the Expanded Role of the Nurse or the Continuing Role of the Nurse in Extended Education.
Pub. in Jnl. of Continuing Education in Nursing v2 n4 p29-35 Jul-Aug 71.

The historical context of continuing education for nurses and the expansion of nursing functions is examined. The training necessary for the pediatric nurse practitioner role provides an illustration of the issues of extended nurses' roles in relation to professional education beyond the basic nursing programs. Differences in admission requirements and in the length and intensity of training within the several pediatric practitioner training programs available in America are isolated. Similarities

found in programs include skills in: growth and development screening, interviewing and counseling, family dynamics, positive health maintenance, general physical assessment, common childhood illness management, community resource utilization, and family-nurse-physicians relationships techniques. References accompany the text.

247. Padilla Geraldine V; Baker Veronica E; Dolan Vikki.
City of Hope National Medical Center, Duarte, Calif.
Interacting with Dying Patients.
Pub. in Communicating Nursing Research v8: Nursing Research Priorities: Choice or Chance p101-114 Mar 77.

An inhospital nursing education program was conducted at the City of Hope National Medical Center in California in an attempt to change the prevailing attitudes and behaviors of nurses toward dying patients. It was hypothesized that nurses in a hospital setting would become more comfortable and skillful in dealing with the needs of dying patients after participation in an education program that taught psychosocial processes involved in dying and the observational, behavioral, and communication skills appropriate to these processes. Three quasi-experimental studies were designed in which registered nurses working as hospital staff nurses or staff development instructors were assigned to an experimental or control condition. Hospitalized patients from the same hospital ward as the nurses participating in the program were assigned to the same experimental or control condition as their nurses. The results of the first study showed that nurses who participated in the program exhibited an improvement in knowledge regarding the content of the program. Nurses also improved in their communication techniques, and patients benefitted from the increased knowledge and skill of nurses. The nurses, however, became more uncomfortable and felt less able to handle situations involving terminally ill patients. The second study indicated that instructors were more comfortable in dealing with dying patients, and the third study provided further support for the integrity of the program as an independent variable manipulator. The expectation that nurses who participate in the program will significantly change the affective states of patients was not supported. Tabular data on study findings are provided.

248. Pickard Myrna R, et al.
Continuing Education for Rural Hospital Nurses.
Pub. in Nursing Outlook v27 n6 p416-419 Jun 79.

The organization and operation of a continuing education program for rural hospital nurses are described. The program, which was designed by the University of Texas at Arlington School of Nurses, is intended to provide rural nurses with an opportunity to update their nursing knowledge and to become aware of new and different ways of thinking about the profession. The approaches planned for the program involved scheduled visits to the hospitals by instructors and development of a library of audiovisual materials. Initially, planning focused on the target area to be covered, the program location, the participants, the media, and program fees. It was decided to offer the program free of charge at individual hospitals rather than at a central location. Despite resistance and lack of interest on the part of some of the targeted hospitals in the early phases of the project, the program has gained acceptance. Directors of nursing have indicated that the program has had a positive effect on the quality of nursing practice and on patient care. A typical continuing education session and approaches used to gain the trust of participants are briefly described.

249. Popiel Elda S.
Nurse Practitioner: A New Program in Continuing Education.
Pub. in Jnl. of Nursing Education v12 p29,31-36 Jan 73.

Courses in continuing education for nurse practitioners are often given as part of the services of a university school of nursing in cooperation with its school of medicine. It is understood that in the expanded role the nurse must change from an office or a clinical assistant to a provider of primary health care. Henceforth she will engage in independent decisionmaking about the nursing care needs of people, and she will be directly accountable and responsible to the recipient for the quality of care rendered. In order to help the nurse accept this expanded-role change, instructors in the programs must spend time assisting the participants in role reorientation. Some objectives that must be considered in developing a nurse practitioner course are: being able to evaluate the health history of a patient critically, perform a basic physical assessment, decide when to refer the person to a physician for evaluation or supervision, recognize and manage specific minor common conditions, carry out a predetermined health plan, guide patients to community health resources, make home visits, and facilitate the entrance of a person into a health care system. Certain portions of the curriculum are basic, but

some of the content is specialized. Courses must be from 10 to 16 weeks in length, with clinical practice sessions during and after completion of the course. References and a bibliography are provided.

250. Poynor Lee Humphreys.
Texas Univ. at Austin. Research and Development Center for Teacher Education.
Modifying Nursing Staff Attitudes and Behaviors in Terminal Patient Care.
156p Jan 75 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

The development, implementation, and evaluation of an inservice program designed to improve the attitudes and behaviors of nursing staff members (registered nurses, licensed practical nurses, and aides) in providing care to terminally ill patients at St. David's Community Hospital, Austin, Tex., are described. The 1-hour program featured videotaped presentations showing nurses interacting with dying patients in threatening situations and displaying emotions in the presence of patients and other nurses without adverse consequences. Group discussions and role-play exercises were also included. Prior to the program, nursing staff members were observed before and after contacts with dying patients and were given a pretest questionnaire measuring anxiety, attitudes, behaviors, and personal concern about death. Following the program, which was publicized as a special inservice education workshop, posttest questionnaires were completed by 21 staff members who volunteered for and participated in the program, 23 who volunteered but did not participate, and 8 who did not volunteer and did not participate. Comparisons of scores suggest that the program was effective in improving self-reported behaviors and attitudes and in reducing feelings of anxiety and inadequacy in caring for dying patients, but not in reducing personal concern about death. Implications of the findings are discussed. Supporting data, study instruments, and a bibliography are included.

251. Repicky Paul A; Roush Robert E; Holcomb J David.
University of Southern California, Los Angeles. Div. of Research in Medical Education.
Basic Rehabilitation Nursing Techniques -- A Cooperative Hospital/Medical School Model for Continuing Education.
Pub. in Jnl. of Allied Health v5 n8 p26-34 Winter 1976.

The Center for Allied Health Manpower Development, Baylor College of Medicine, under a contract with the Regional Medical Program of Texas, and in conjunction with Rosewood

General Hospital in Houston, developed a program to prepare inservice educators and key nursing personnel in rural urban hospitals and nursing homes to deliver basic rehabilitation services to disabled patients and to teach rehabilitation techniques to other nurses in their institutions and surrounding areas. A week-long workshop instructs participants in basic rehabilitation nursing techniques through use of a self-instruction text, clinical experience, and patient observation. The text was developed specifically for the workshop and includes units on: disability syndromes of hemiplegia and Parkinsonism; progressive mobilization; techniques facilitating communication; psychosocial aspects of rehabilitation nursing; self-care patient training; medical education teaching methods; wheelchairs; and identification and management of bowel and bladder problems and pressure sores. Of the 93 nurses who completed the workshops conducted between November 1974 and April 1975, most indicated not only personal development, but improvement in patient care in their home institutions as a result of improved rehabilitation programs or staff training. Some difficulties were encountered, however, in policies or administrative attitudes as well as in heavy workloads and the status of patient population proving inappropriate for modifications in patient care activities.

252. Robinson Robert R.
North Carolina Univ., Chapel Hill.
Continuing Education and Training -- An Answer to a Long-Term Care Dilemma.
Pub. in Jnl. of Health and Human Resources Administration v1 n2 p186-199 Nov 78.

The role of continuing education in helping the long-term nursing care administrator improve the quality and efficiency of his facility is discussed. Deficiencies resulting from rapid nursing care industry expansion after the introduction of Medicare and Medicaid are outlined. A major problem is a chronic health manpower shortage, with most of the care provided by aides and orderlies. To meet this challenge, the administrator must hire appropriate personnel or attempt to increase the competence of existing personnel through stepped-up training programs, thus satisfying the needs both of the institution and of the worker. The administrator must understand objectives of programs; the difference between continuing education and inservice training (formal standards and generic orientation promoting individual development, versus informal standards and specific training) and applications to different employee types; and distinctions between assessment (examination of what is needed for improvement)

and evaluation (examination of what happened and the effects). Continuing education program development should include needs assessment, objective setting, program delivery, evaluation, and feedback; models available can be obtained from State and Federal associations and agencies. A bibliography is provided.

253. Sanzobrino Brenda.
Broward General Medical Center, Fort Lauderdale, Fla.
Motivation and Enthusiam in a Coronary Care Unit.
Pub. in Supervisor Nurse p68-74 Jun 71.

The importance of focusing continuing education programs for coronary care unit nurses on participating staff members rather than on the programs themselves is emphasized in a discussion of how to generate enthusiasm and motivation in coronary care nurses. It is observed that each coronary care nurse has educational needs directly related to her level of self-growth as a coronary nurse. These levels include the beginner, the nurse who has completed her orientation program and has had several months experience on the unit, the intern, the resident, and the chief resident. It is suggested that, once the coronary care nurse has completed the orientation period, she should be sent out to a program of formalized training approved by a regional medical program. This suggestion is based on the observation that nurses without prior experience on the unit found such formal training programs extremely difficult, while nurses with experience found the courses well-paced and challenging, rather than difficult. The importance of the experienced coronary care unit nurses themselves in providing the intern, i.e., the nurse returning from formal training program, with the opportunity to test and further develop her skills is emphasized. The resident -- the experienced intern -- participates in inservice programs designed to expand upon her basic knowledge and to encourage her to share her knowledge with others. She is given responsibility for orienting new nurses into the unit and for teaching and guiding interns following their formal training. Participation in conferences and seminars and specific teaching assignments are suggested as approaches to the continuing education of chief residents.

254. Saul Shura; Berlin Michael.
Helping Staff Deal with Death in the Institution.
Pub. in Nursing Homes v26 n6 p22-25 Dec 77.

An account is given of three inservice sessions with an interdisciplinary staff at a long-term nursing care home to discuss concerns about death and dying in the communal

living setting. The focus of the sessions was on how the care staff has attempted to deal with the issue of death in accordance with their own feelings and in their work with the residents. Staff included in the seminar were from nursing, social service, activities, administration, and student and volunteer groups. The entering thesis was that communications about death among the staff needed to be facilitated in order to better assist the home's residents and the home's individual staff members to cope with death when it occurred. The seminar participants shared their personal feelings about death and the areas of the topic of death in which they felt uncomfortable or distressed. A comparison of socialization and training from early age about death revealed the bases for many contemporary behaviors related to deaths occurring in the home. Practical concerns of the staff were also addressed, including a procedure for preparing a resident's body after death. The importance of openness and support for survivors of deceased residents was also stressed. It was concluded that staff sharing of their experiences with death and the problems encountered relative to death in the communal living setting resulted in a heightened ability to accept deaths in the community and to deal with the practical problems caused by death.

255. Shinnick James P; Shirley Gail E; Shirley Daniel W.
Hahnemann Medical Coll. and Hospital, Philadelphia, Pa.
An Educational Program for Early Recognition and Treatment of Acute Respiratory Insufficiency - Workshop in Acute Respiratory Care.
177p May 75 Available NTIS PB-248 333/7

The educational program consisted of a five-day 'Workshop in Acute Respiratory Care'. The project was designed to teach the early recognition and treatment of acute respiratory insufficiency through core lectures, demonstrations, practice sessions and computer assisted instruction. A four member 'Respiratory Care Team' conducted presentations at site hospitals. Each workshop is designed to train thirty health professionals (physicians, nurses and respiratory therapists). Evaluation of the effectiveness of the workshop is based upon the achievement of instructional objectives (input, behavioral and output). Four workshops were given. Total enrollment included 116 students. Final statistical analysis demonstrated achievement of knowledge and skill objectives in each workshop. (NTIS)

256. Shortridge Lillie, et al.
Opportunity to Learn Physical Assessment in a Continuing Education Course.
Pub. in Jnl. of Continuing Education in Nursing v8 n4 p6-11 Jul-Aug 77.

Suggests features, objectives, and requirements of a continuing education course specifically designed to teach physical assessment skills basic to nursing practice. (ERIC)

257. South Carolina State Board for Technical and Comprehensive Education, Columbia. Div. of Education Services.
Inservice Education Manual for Long Term Care Facilities.
159p 1974 Available NTIS HRP-0016739

Guidelines are presented to assist those responsible for inservice education programs in long-term care facilities. The manual opens with an outline of the purposes of inservice education (skill training, professional growth, leadership and management development) and rationale for planning inservice education programs. An overview is presented of factors to be considered in planning orientation programs for new employees and continuing education programs. Subsequent chapters offer guidelines for establishing priorities for inservice education, selecting topics, writing objectives for training sessions, constructing the training plan, designing lesson plans, using nursing home personnel in training and followup, and implementing and evaluating training programs. Appendixes include resource materials on the training climate and the role of the trainer; indicators of inservice education needs; needs assessment interview questions; techniques for determining teaching methods and using aids; a checklist for training; examples of specific lesson plans; questions for program evaluation; a sample inservice education report form; techniques for evaluating personnel; sources of assistance; and Medicare and Medicaid inservice education regulations. A bibliography is included.

258. Spikes F.
Planning Continuing Nursing Education Programs -- A Guide for the Practitioner.
Pub. in Jnl. of Continuing Education in Nursing v9 n5 p5-10 Sep-Oct 78.

259. Valentine Nancy M; Meyer Roger E.
McLean Hospital, Belmont, Mass.
Approach to Staff Development for the Delivery of Care to Drug-Addicted Patients.
Pub. in Nursing Clinics of North America v11 n3 p527-540 Sep 76.

Four areas of program planning for professional and nonprofessional staff development in a drug abuse research and treatment setting are outlined. The four areas include the recruitment and selection of staff, orientation and training, ongoing issues associated with staff roles in ward management, and the evaluation of staff ability to define and implement a model of nursing care for patients addicted to drugs. Consideration is given to screening procedures and interviewing in the recruitment and selection of staff. The role of staff in patient rehabilitation is discussed in relation to limit setting versus caring, dependence versus independence, and consistency versus staff splitting. Patient care and staff motivation and morale are described as two important components of evaluation. It is concluded that the rehabilitation of patients addicted to drugs requires specialized and highly skilled nursing care and that quality of care can only be assured by the development of a cohesive staff. Criteria used to determine the effectiveness of the delivery of care to drug-addicted patients include patient retention, level of aggressive behavior, frequency of illicit drug use, staff morale, and professional satisfaction. Tables and case studies illustrate both staffing and treatment procedures. A bibliography samples sources in the training of nursing staff for detoxification programs.

260. Washington State Health Facilities Association, Seattle.
Continuing Education in Restorative Long-Term Care for Nursing Personnel.
42p 1974 Available NTIS HRP-0015806

A chronology is presented of the organization, implementation, and evaluation of a continuing education program in restorative long-term care for Washington State nursing personnel. Funded by DHEW, the project offered courses in restorative care at six community colleges. A 3-week instructor training course at the University of Washington preceded the classes, which began in January 1974. By midquarter, it was determined that offering the course on a credit basis was too expensive and that the project would withdraw from college sponsorship and continue the course on a noncredit basis through the Washington State Health Facilities Association. Upon notification of this decision, the community colleges

offered to run the course at considerably less cost. By the conclusion of the spring quarter, during which classes were offered at 9 sites, 571 students representing 104 of Washington's 320 nursing homes had been enrolled in the course. Evaluation pretest and posttest scores for the first group of registered nurses, licensed practical nurses, and nurse's aides participating in the course are recorded and compared by instruction site. Evaluation data suggest encouraging trends (difference between the means of pretest and posttest scores ranging from 34.12 to 56.22), as well as the need to determine causes for student attrition. The chronological report emphasizes the project's accomplishments and problems through the third and final course offering in the summer of 1974. Supporting data are included.

261. Washington State Health Facilities Association, Seattle.
Continuing Education in Restorative Long-Term Care for Nursing Personnel.
45p 27 Jan 75 Available NTIS HRP-0015807

The organization, implementation, and evaluation of a federally funded continuing education program for long-term care facility nursing personnel in the State of Washington are described. The report summarizes the philosophy of the program, planning activities, the selection and training of instructors, the administrative organization, and curriculum content. Problems encountered and mistakes made in the course of the project are enumerated. Among the problems was the insistence of participating community colleges on contractual arrangements. Among the mistakes were too little emphasis on publicity, too little clerical backup, underutilization of local advisory committees, a poorly organized initial approach to the community colleges, and an unrealistic financial arrangement with the colleges. Pretest and posttest scores for registered nurses, licensed practical nurses, and nurse's aides who completed the course in restorative nursing are presented and compared as part of the project's evaluation component. Other evaluation activities included visits by instructors to each student's facility, where the student's application of techniques learned in the course was observed. All of the 526 personnel who completed the course demonstrated at least 25 percent improvement in their test scores. The course was offered 3 times, and by the completion of the project trainee attrition was reduced from 36 to 29 percent. Five of the six participating colleges incorporated the course into their own programs. Supporting data and documentation are included.

262. Weiner Mary Anne; Gettinger C Earl; Gross Jacqueline R; Waller Julian A; Pilcher David B.
Vermont Dept. of Health, Burlington. Emergency Medical Services Program.
Inservice Training for Rural Nurses in Emergency Care Concepts and Skills.
Pub. in Jnl. of Emergency Nursing p16-23 Mar-Apr 75.

A 30-year program in basic emergency care for rural nurses in the State of Vermont was developed in 1973. After the announcement of the program, 134 applications were received out of which a total of 101 nurses (77 registered nurses and 24 licensed practical nurses) were accepted for one of the five emergency care courses given in the fall of 1973. Various teaching methods were employed, depending on the objective to be achieved. Each course was limited to 20 participants in order to give personalized attention to the needs of students. Primary emphasis was placed on the acquisition of basic practical skills. The curriculum was divided into the following units: the expanding role of the nurse in the Vermont emergency medical service system; assessment of the emergency patient; acute respiratory problems; definitive therapy in cardiac arrest; hemorrhage, shock, and multiple trauma; and fractures and splinting. Ninety-three of the 101 nurses who took the course successfully completed it and were certified after written and practical examination. After a period of 6 months, these nurses reported a significant increase in their level of confidence and willingness to carry out many emergency care procedures. They also were more active in various aspects of emergency medical care planning and training within their communities.

263. Zerbe M, Hickey T.
Self-Maintenance Skills -- A Continuing Education Program for Geriatric Nursing.
Pub. in Jnl. of Gerontological Nursing v1 n2 p5-9 May-Jun 75.

V. DELIVERY TECHNIQUES

264. Berthold Jeanne Saylor; Curran Mary Alice; Barhyte Diana Y.
Case Western Reserve Univ., Cleveland, Ohio.
Educational Technology and the Teaching - Learning Process: A Selected Bibliography.
60p 1969 Available NTIS HRP-0018726

Literature on the teaching and learning process and on new approaches to teaching technology are cited in a bibliography directed to nursing education staff interested in exploring the approaches and in planning programs that use them. Most of the publications included in the bibliography were published in the 1960's; a few, however, are older and were included because of their use as source material or because of their uniqueness. The references are alphabetically arranged in four main categories: (1) theoretical formulations, discussion, and critiques; (2) productive thinking, inquiry training, critiques; (3) evaluation of students; and (4) educational technology. The educational technology category contains citations to literature dealing with comparison of teaching methods, multimedia approaches, films and television, compressed speech, programmed instruction, and computer assisted instruction. References to general works on the subject are also provided.

265. Bolte Irma M, Fleming Juanita W.
Study of Registered Nurses Who Viewed the PANMED Television Program Series in Nursing.
Pub. in Jnl. of Continuing Education in Nursing v2 n5 p13-20 Sep-Oct 71.

A study conducted to determine some characteristics of registered nurses in Kentucky who viewed or had heard of the PANMED program television series in nursing and their perceptions of the series. Charts, statistics, references. (Author/ERIC)

266. Clark Carolyn Chambers.
Pace Univ., Westchester, N.Y. Graduate School of Nursing.
Learning Outcomes in a Simulation Game for Associate Degree Nursing Students.
Pub. in Health Education Monographs v5 n1 p18-27 1977.

A simulation game was designed to teach both theoretical concepts and actual nurse responses to common psychiatric patient presenting behaviors. Simulation gaming was selected as an instructional method because it provided a relatively safe, standardized environment in which students could work in self-paced pairs to teach one another core aspects of the psychiatric nurse-patient relationship while freeing the nursing instructor to evaluate and individualize learning. Peer mediation is combined with simulation gaming and programmed manuals of instruction. In this game, students conduct the whole learning experience from pretest through game playing and posttest or evaluation. Simulation gaming was found to be an effective mode of learning. The students who acted as teachers for other students learned significantly more than those who were taught. These findings imply that people who teach should be considered as candidates for continuing education credits when first teaching a course. While the research design necessitated playing the whole game at one sitting, some students might profit from playing or replaying parts of the game immediately before actual nurse-patient clinical experiences. The game should contain information capable of separating safe nursing practitioners from unsafe ones in the area of psychiatric mental health nursing. The simulation game may be an effective way to evaluate and/or decrease student anxiety about nurse-patient interactions, potentially increasing confidence in the actual clinical experience. Several recommendations for further research are included.

267. Dixon Jon M; Gouyd Nancy; Varricchio Dominicio T.
Bronson Methodist Hospital, Kalamazoo, Mich.
Computerized Education and Training Record.
Pub. in Jnl. of Continuing Education in Nursing v6 n4 p20-23 Jul-Aug 75.

Computer capabilities at the Bronson Methodist Hospital in Kalamazoo, Mich., for continuing education and training programs are described. The computerized staff development system is intended to serve as a quantitative record of the hospital's education and training activities. It is recognized that qualitative data are necessary to record information such as course objectives, outlines, evaluations of courses and participants, and followup actions. Data are obtained through inhouse

attendance records and continuing education credit sheets for outside activities. A sample of each form is included, and procedures for completion are detailed. The staff development file of the hospital contains data processed on cards. Data elements include Social Security number, class number, class name, instructor or sponsor, starting date of a class or program, ending date of a class or program, length of a class or program in hours and tenths of hours, and continuing education units awarded (to be added when such information is ready for practical use). Three different formats can be used to obtain information from the staff development file: (1) alphabetical list of all employees grouped by department; (2) straight alphabetical listing of all employees in the hospital; and (3) breakdown of attendance for a particular class or program. Potential applications for the computerized staff development program are delineated. A visual summary of the computerized recordkeeping system is provided.

268. Fry Carlton F; Baer Charold; Cornett Sandra.
Ohio Valley Medical Microwave Television System, Columbus.
Interactive Television in Nursing Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v7 n3 p26-33 1976.

The use of a two-way television system for teaching nursing continuing education courses is described. The Ohio Valley Medical Microwave Television System is a live, interactive color system which connects five health care institutions in central and southeastern Ohio. It was constructed to facilitate medical consultations for physicians and to provide continuing education services to physicians, nurses, and other health workers in rural southeastern Ohio. Each hospital in the system is equipped with a studio package that includes a color camera, large screen monitors, lights, microphones, and a portable console. An 11-week critical care nursing course was presented from the medical microwave studio at the Ohio State University Medical Center to two groups of nurses, one in Athens and one in Gallipolis. Two types of preparation were involved: preparation for use of the microwave system and preparation for course content. The students were informally and formally evaluated by the instructors, with emphasis on evaluating learner's attitudes toward receiving instruction through the Medical Microwave System. The system has the advantage of storage and retrieval; the major disadvantage was cost. It was concluded that the television system provides for student - teacher exchanges, allows teachers to evaluate whether

student's needs are being met, and gives educators an opportunity to reach students in isolated areas who find it difficult to participate in continuing education courses offered elsewhere.

269. Griggs Blanche Melecka.
Georgia State Univ., Atlanta. Dept. of Biology.
Systems Approach to the Development of a Minicourse for Nurses.
Pub. in Nursing Research v26 n1 p34-41 Jan-Feb 77.

A minicourse on contamination problems with respiratory therapy equipment was developed and evaluated using a systems approach. The autotutorial, audiovisual course was designed to: (1) inform nurses and other hospital personnel on how to effectively handle problems of contamination and decontamination of respiratory therapy equipment, (2) investigate how different instructional methods relate to student achievement, and (3) determine an effective approach for implementing this educational modality. Subjects (137 allied health students, predominantly nurses) were randomly placed in four groups, including programmed instruction, audiovisual instruction, programmed and audiovisual instruction combined, and no exposure (control). Achievement was measured by comparing pretest and posttest scores on a subject matter achievement test. Analysis of variance revealed that not all treatment population means were equal. Tukey's Honestly Significant Difference Test showed that all three groups exposed to one or both methods of the minicourse scored higher than the control group, with the combination programmed and audiovisual instruction group scoring highest. Evaluation of the results indicated the suitability of the systems approach to course design, and recommended programmed instruction of this type for selected nursing subjects.

270. Guimei Maaly Kamal.
Alexandria Univ. (Egypt). Higher Inst. of Nursing.
Effectiveness of a Programmed Instruction Module on Oral Contraceptives.
Pub. in Nursing Research v26 n6 p452-455 Nov-Dec 77.

During their obstetric experience, 34 nursing students in the Department of Nursing at the California State University, Long Beach, were assigned either to one of two experimental groups or to a control group in an effort to determine the effectiveness of a programmed instruction module on oral contraceptives as a teaching mechanism. The 12 students in one experimental group worked independently at their own pace using a programmed module

developed by the investigator. A second experimental group was taught the same content in a lecture-discussion led by the investigator. The control group of 11 students received their instruction on oral contraceptives through their regular classroom teaching settings. Although no significant difference was found between the two experimental groups, there was a significant gain in knowledge on the topic when these two groups were compared with the regular classroom instruction group. Although over half of the students who used the programmed material preferred this method of teaching, many felt that the unit was too long and some found it to be repetitious. The use of programmed instruction modules can replace regular classroom instruction or lecture methods, relieve the instructor of routine presentation, and allow each student to work at his/her own rate and schedule. Group discussion can be used in conjunction with the programmed material. While programmed material requires considerable staff development time, once done it can be used for a long time. To maximize cost effectiveness, programs should be designed for use in many schools and by many students.

271. Hensley Bonnie K; Palmer Richard I.
North Carolina Univ. at Chapel Hill. School of Nursing.
Mountain Goes to Muhammed. Broadcast Television for Continuing Education in Nursing.
Pub. in Jnl. of Continuing Education in Nursing v6 n5 p38-46 Sep-Oct 75.

A 10-session course in leadership training for nurses was developed and broadcast over statewide educational television in North Carolina. The leadership course is conducted in two phases -- a group leader has direct instructor contact in phase one; the group leader organizes a group in the local work setting for the televised instruction in phase two. In preparation for this course, a questionnaire was sent to 450 North Carolina hospitals, nursing homes, and health departments. Of the 127 respondents, 83 percent had access to educational television and were interested in a leadership course using that medium. Two distinct groups were involved in the planning -- a nursing advisory committee to discuss course elements, and a production committee including the director of continuing education of the University of North Carolina School of Nursing and media specialists. Each televised class consists of 0.5 hour of televised information input (lecture material by the on-camera instructor, quizzes, dramatic vignettes, graphic material, etc.) followed by 1.5 hours of practice using exercises in group dynamics and interpersonal relations, games, and workbooks. Reading assignments prepare

participants for each segment. Using television plus complementary experiential exercises alleviates the problem of viewer passivity. The program is broadcast twice each week. Members of the cast include nurses and paid actors. Details of production and promotional methods are provided.

272. Hilliard Mildred.
Saint Louis Univ., Mo. School of Nursing and Allied Health Professions.
Orientation and Evaluation of the Professional Nurse.
168p 1974 Available from C.V. Mosby Co., 11830 Westline Industrial Dr., St. Louis, MO 63141.

Self-directed learning is employed as the basis for the development of this orientation and evaluation program for professional nurses making the transition from the educational environment to nursing practice. It is felt that continuing education programs and inservice education programs must be more effective. An innovative approach to the orientation of professional nurses is introduced that consists of 1 week of orientation followed by 4 weeks of participation in the delivery of nursing care. Self-directed learning is utilized throughout the program. During the sixth week of the program, nurses are evaluated for competence and accountability. The implementation of the program a St. Louis University Hospitals in Missouri is detailed. Topics covered during the 4 weeks of participation in the delivery of nursing care include the unit environment of the hospital, skills orientation, leadership skills and objectives and behavior of the team leader, and managerial skills. Procedures and forms for the evaluation of competence and accountability are provided. Examples of procedures for self-directed learning are cited pertaining to constructs in nursing, job specifications, position descriptions, organization and quality nursing care, team nursing, recordkeeping, and nursing activities. A list of references is included. Illustrations are provided for many of thr clinical procedures.

273. Hoefflin Walter R.
Methodist Hospital of Southern California, Arcadia.
To Have Better Personnel, Emphasize Training Programs.
Pub. in Hospital Management v110 n2 p44-47 Aug 70.

The inservice training programs at the Methodist Hospital of Southern California are a vital part of the hospital's administration. The hospital is proud of its health education room where special visual aids help doctors explain the nature of medical problems to the patients and

their relatives. In this room are models of the human body and other exhibits, which are used also for many nurse inservice programs. There is a training laboratory for students to be taught everything from bedmaking to caring for the patient in traction. Many mentally retarded adults are trained for hospital work, and some of them are employed by the hospital. The hospital administration believes that it is important to campaign for funds for these worthwhile projects. No employee is immune from the training -- switchboard operators, gardeners, orderlies, and aides are provided with inservice training, as well as registered nurses and licensed vocational nurses. Every day someone on staff is attending a special seminar or workshop. Special closed circuit television programs keep physicians aware of the latest trends in medicine. Of particular value is the individual instruction program, which can be carried anywhere and set up to be used by the employee who has a few minutes to spare. An inservice supervisor provides followup after new training for orderlies or ward clerks, and much of the time films are part of the training package.

274. Hoffer Edward P; Barnett G O; Mathewson Herbert O; Loughrey Alyce.
Harvard Medical School, Boston, Mass. Dept. of Continuing Education.
Use of Computer-Aided Instruction in Graduate Nursing Education: A Controlled Trial.
Pub. in Jnl. of Emergency Nursing v1 n2 p27-29 Mar-Apr 75.

A controlled study was conducted to evaluate the effectiveness of computer-aided instruction (CAI) in the education of nurses. A control group of 12 nurses and a user group of 22 nurses at the Cape Cod Hospital in Hyannis, Mass., were included in the study. The control group did not have access to the computer but participated in a traditional inservice program on cardiopulmonary resuscitation (CPR). The user group was taught how to use a computer terminal and was involved in a CPR computer exercise. Over a 3-month period, the computer was used nearly 90 hours. Most of the computer time involved the CPR program. Nurses who used the computer increased their test scores in the CPR program; nurses in the control group did not. Nurses in the intensive and coronary care units of the hospital had higher initial test scores than nurses in other departments. These nurses also improved their scores to a greater extent than nurses on general floors. Satisfaction with CAI was generally high, although it was found that initial assistance was necessary in familiarizing nurses with the computer. It is recommended that the use of CAI be expanded.

275. Hoffer Edward P.
Massachusetts General Hospital, Boston. Lab. of Computer Science.
Computer-Aided Instruction in Community Hospital Emergency Departments -- A Pilot Project.
Pub. in Jnl. of Medical Education v50 n1 p84-86 Jan 75.

Five community hospitals participated in an experimental project designed to provide easily accessible terminals for computer-aided instruction (CAI) on such subjects as cardiopulmonary resuscitation, abdominal pain, and coma to emergency department personnel. The hospitals were located in Michigan, Massacuhsetts, California, and Ohio and were connected with the computer via telephone to TYMSHARE corporation. The results showed that physicians were willing to use CAI. At three of the hospitals, the physicians showed a strong interest in continuing the programs. Physicians who had been out of medical school more than 10 years and those who had been recently graduated used the programs more heavily than those who had been out of school 6 to 10 years. It is hypothesized that while younger physicians are more receptive to technology than their older colleagues, physicians who have been out of school many years recognize their need for continuing education. Where they were allowed to use the terminals, nurses and paramedical personnel used the programs extensively, particularly the cardiopulmonary resuscitation program and the program dealing with diagnosis of abdominal pain. Among the problems encountered were high communications costs and frequent busy signals. It is noted that in addition to having heavy use and the support of a variety of health personnel, CAI seems to have had a positive influence on physician behavior. Supporting data are tabulated.

276. Keeling Arlene K; Noriega Lawrence.
Virginia Univ., Charlottesville. School of Nursing.
Continuing Education -- Independently.
Pub. in Supervisor Nurse v9 n4 p45-51 Apr 78.

A study was undertaken to determine whether an independent study module in cardiovascular nursing was an effective method of learning for practicing nurses at the University of Virginia Medical Center. The unit was given to experienced registered nurses from the coronary care, cardiac rehabilitation, acute care and intensive care units, and both operating and recovery rooms. The nurses were instructed to keep a record of all time spent on each module so they would be eligible for continuing education units and for educational leave. Clinical activities were integral to the module structure. Interdisciplinary cooperation and sharing were encouraged through requiring

many nurses to make use of other units and hospital resources in completing a module. Nurses were also encouraged to use the medical center's library facilities in completing the modules. Each module required about 8 hours of learning activity and resulted in increased interest and clinical competence on the part of the nurse. Nurses in the program completed a pretest and a posttest, which they corrected themselves, and handed in clinical note cards and an evaluation of the module. On completion of the module, the nurses received letters of completion, copies of which were included in their employee files. Sharing of the information learned was encouraged through suggesting that nurses completing the modules conduct nursing conferences on their units on the material. One benefit of this program was economic, in that the major cost was for the day of educational leave for the nurse. Nurse evaluations of the modules as learning methods were generally favorable. Mastery of the material also appeared to be high generally. All of the nurses completing modules indicated a willingness to take other modules in the future.

277. Kemp Jerrold E.
National League for Nursing, New York, N.Y.
Determining the Plus and Minus Outcomes of Innovation in Nursing Education.
53p 1977 Available from National League for Nursing, 10 Columbus Circle, New York, NY 10019.

The text for an autotutorial course originally presented to a productivity workshop for administrators and faculty of nursing associate degree programs explored the effects of innovation in nursing education. Four objectives were stated: (1) determining reasons for innovations in nursing education; (2) identifying features of widely used methods of innovation; (3) evaluating the outcomes and productivity of innovative programs; and (4) relating evaluation techniques to program outcomes. Reasons for innovation were identified as recognizing that there is more information to be taught to more students, the new and larger student body in nursing is more heterogeneous, there is a need to move from relative to absolute standards of testing, the demand for accountability is increasing, and there are limitations on funds available for support of educational programs. Features of innovation may include modules, learning packages, independent study, mini-courses, contracts, learning activity and study guides, self-pacing student grouping, sequencing of activities, media use, and evaluation. Evaluation factors are listed in terms of performance criteria, cost-benefit analysis, and personnel reactions. The relation of evaluation techniques to program outcomes

is in terms of program effectiveness and efficiency, both with respect to individual performance and costs-benefits. An appendix to the tutorial material outlines features of self-paced learning methods, instructional purposes served by different teaching/learning methods, study options, media selection, cost items, sample evaluation questions, a model evaluation study, effectiveness indicators, and a brief bibliography.

278. Koch Harriet B.
American Jnl. of Nursing Co., New York. Educational Services Div.
Instructional Media: An Overview.
Pub. in Nursing Outlook v23 n1 p29-32 Jan 75.

The history of instructional media is traced, and factors in choosing methods of audiovisual instruction for classroom, independent study, and clinical situations in nursing education programs are discussed. It is noted that the usefulness of instructional technology is determined by many factors, including the learning objectives of the course or program, availability, cost, and faculty preferences and know-how. In nursing education, because of its mix of theoretical and clinical components, the selection of audiovisual materials is also dictated by the situation in which the materials are to be used. The advantages of different kinds of instructional media in the classroom, the study carrel, and the clinical laboratory are discussed. The particular advantage of videotapes in recording student - patient interactions is noted. Obstacles to the effective use of media in nursing education programs are identified, including the difficulties involved in learning to use new media, failure to recognize the costs associated with sophisticated audiovisual devices, and the reluctance of some instructors to relinquish personal relationships with students. Points to be considered by school administrators in planning and budgeting for instructional media are noted. A list of suggested readings is included.

279. Moran Vi.
Central Wisconsin Center for the Developmentally Disabled, Madison.
Study of Comparison of Independent Learning Activities vs. Attendance at Staff Development by Staff Nurses.
Pub. in the Jnl. of Continuing Education in Nursing v8 n3 p14-21 May-Jun 77.

Independent study can be an important method of continuous learning. A study was conducted to elicit information about the independent learning activities of staff nurses

and to make comparisons to determine the relationship between independent learning and participation in formal offerings sponsored by the employing agency. The selected characteristics of 30 staff nurses were examined in an effort to identify the factors which influence the hours spent on learning activities, including educational background, age, participation in organizations, obligatory responsibilities, tenure on the unit, goals for advancement or recognition, job satisfaction, and perceived support of head nurses and coworkers to pursue and utilize new knowledge. Data were collected during interviews. Four categories of learning were investigated: staff development, personal independent, professional independent, and total independent. The nurses spent more than 21 times as many hours on their independent efforts to learn as on staff development offerings. Those who spent more time attending staff development offerings also had higher rates of personal independent learning. Multiple regression analysis revealed no significant correlation between any of the characteristics expected to influence the rate of learning efforts and either staff development attendance or time spent in personal independent learning. Professional independent learning was significantly related to several of the characteristics selected for study, including tenure on the work unit, age, plans for professional certification, and the perceived support of others to pursue and utilize new knowledge.

280. Moser Dorothy H; Kondracki Mary Russo.
Delaware Univ., Newark. College of Nursing.
Comparison of Attitudes and Cognitive Achievement of Nursing Students in Three Instructional Strategies.
Pub. in Jnl. of Nursing Education v16 n1 p14-28 Jan 77.

The attitudes and cognitive achievement of 129 freshman students at the University of Delaware College of Nursing exposed to one of three instructional strategies were investigated. The instructional strategies included the traditional lecture method, black and white televised instruction, and color televised instruction via a Dial Access Information and Retrieval System. Although only 31 percent of the student population had previously been exposed to independent study courses, the pretest showed that 60 percent of the students indicated a desire to be actively involved in their own educational process through such courses. This may suggest that course methodology has not changed sufficiently to meet student desires and capabilities and that both attitude and cognitive achievement levels might be expected to regress if course methodology is not modified. The only significant finding regarding student attitudes toward the three instructional

strategies was that there was a preference for and greater interest in color video tapes as compared to black and white televised material. Both televised and traditional lecture methodology appear to have equal effect in terms of cognitive achievements. It would appear, therefore, that both strategies are valid, and that curriculum modifiers should maintain traditional approaches at the same time that they experiment with novel innovative methodologies. Considerable data are included, and the questionnaire used for the collection of background information with respect to instructional media exposure is presented.

281. Niles Anne McKee.
Dial-A-Tape for Continuing Education.
Pub. in NUEA Spectator v36 n7 p18 Mar 72.

Nursing Dial Access was designed primarily to meet the needs of the nurse practicing in an isolated setting in order to facilitate continuing education or for review of previously acquired knowledge. The service has also been widely used as a teaching resource by instructors and by in-service educators in staff development programs. (Author/ERIC)

282. Parker Lorne A; Baird Marcia A.
Wisconsin Univ., Madison.
Continuing Education by Telephone -- A Party Line For Professionals.
Pub. in Hospitals, Jnl. of the American Hospital Association v51 n22 p105-112 16/Nov 77.

The University of Wisconsin - Madison has developed a telephone system for continuing medical education that functions on a statewide basis and permits even health professionals in remote areas to participate in the program, thus ensuring the development of these individuals and unifying knowledge to provide higher quality and more skilled patient care. Furthermore, this system has proven to be a low cost method of information dissemination since the 'classroom' equipment consists essentially of a telephone-jack connected loudspeaker and 4 microphones that permit students to ask questions or comment on the material under discussion at the teaching site. The program operates 5 1/2 days a week, September to May, and offers programs at times which are convenient for health professionals' schedules. Some classes are even broadcast more than once to permit optimum access to the material. The closed-access telephone network has linked users with Madison-based as well as national guest experts including physicians, nurses, pharmacists,

hospital administrators, accountants, medical technologists, physical and occupational therapists, radiologic technicians, public relations personnel and dietary and housekeeping experts. The university offers several fee plans for participation, and multiple instructional techniques. The method seems highly adaptable to a variety of circumstances. References are included in the article.

283. Porter S F.
Application of Computer-Assisted Instruction to Continuing Education in Nursing -- Review of the Literature.
Pub. in Jnl. of Continuing Education in Nursing v9 n6 p5-9 Nov-Dec 78.

284. Reinhart Elizabeth.
Veterans Administration Hospital, Topeka, Kans.
Independent Study -- An Option in Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v8 n1 p38-42 Jan-Feb 77.

Independent study is proposed as a valid method of obtaining continuing education. It is defined as being initiated by the learner, limited by minimal structure, incidentally concerned with the mere acquisition of factual information and more concerned with the learning process or result, and helpful in yielding a product unique to each learner. Three conceptualizations of independent study are noted: self-pacing, individual programs, and self-selection. Other conceptualizations are cited which focus on creative and distinctive qualities and personal and social excellence. The learning contract effectively serves as one way the learner and the facilitator can validate learning and, in some instances, verify its application to professional practice. The role of the learning contract in independent study is discussed. It is stated that independent study is least influenced by time limitations and the lack of local educational institutions and that it offers the greatest flexibility for adaptation to any learning need. The achievement of realistic goals is essential as a source of motivation in independent study, and various methods of evaluating goal attainment are described. Goal attainment scaling is suggested as a refinement of the goal setting process to aid in evaluating learning success.

285. Shaffer Mary K; Pfeiffer Isobel.
Akron Univ., Ohio.
Television Can Improve Instruction.
Pub. in Jnl. of Nursing Education v15 n6 p3-8 Nov 76.

Videotape is a form of technology that provides more experiences to nurse educators and promotes improved student learning. It is used at the University of Akron in Ohio for faculty development, procedural demonstration, evaluation, role play simulation, self-instruction, absentee student review, model home visits, interviewing techniques, and peer review. The combination of television and simulation provides real-life learning experiences to students at the University of Akron. It is felt that the professional use of television results in improved instruction. Television instruction provides a patterned sequence of learning activities which aids in the preparation of students and faculty for various nursing roles. It provides more learning in less time than conventional education since it has the unique features of instant playback, repetition, control, and erasibility. Another advantage of television instruction is that instructors can view interchanges that might occur between students and patients and can then guide students toward individual improvement. Recommendations are made that television be reserved for difficult instruction and that the decision to use television instead of conventional forms of instruction be based upon two conditions: (1) existing methods of instruction have not produced desired results in a majority of students; and (2) the designated subject matter requires the singular asset of television. It is concluded that staff development can be facilitated by the use of videotape.

286. Valish Aurora Ursua; Boyd N Jean.
George Washington Univ., Washington, D.C.
Role of Computer Assisted Instruction in Continuing Education of Registered Nurses: An Experimental Study.
Pub. in Jnl. of Continuing Education in Nursing v6 n1 p13-32 Jan-Feb 75.

A study of the effectiveness of three computer-assisted instructional programs in verifying and augmenting the clinical knowledge of registered nurses (RN's) at George Washington University Medical Center is documented. The study explores the impact of the programs on the clinical knowledge of RN's and the influence of educational preparation, age, years of clinical experience, and department of employment on that impact. The 124 study participants were randomly assigned to experimental and control groups. Computer-assisted courses on septic shock, care of and feeding by veins, and leadership and

management were completed by the experimental group. Posttests were administered to both experimental and control groups. There were no significant differences in performance on the posttest between the experimental and control groups. Neither was the posttest performance in either group influenced by the variables of educational preparation, age, years of clinical experience, or department of employment. It is concluded that the three programs can be used for review purposes only and require revisions before they can be used to augment knowledge. It is suggested that a pretest - posttest experimental design be used in a replication of this study. Tabular data, brief descriptions of the programs evaluated, and a review of the literature on computer-assisted instruction in continuing education are included. A copy of the posttest instrument is not provided.

VI. EVALUATION

287. American Nurses' Association, Kansas City, Mo.
Standards for Continuing Education in Nursing.
18p 1975 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

Standards developed by the American Nurses' Association for measuring the quality of continuing education activities in nursing are presented. Continuing education in nursing is defined to include planned learning experiences beyond a basic nursing educational program. It is assumed that continuing education is essential for maintaining competence in nursing practice. The primary goal of continuing education in nursing is to assure continued competence of nursing personnel in the delivery of health care, and continuing education also includes goals related to personal and professional development. Functions of a continuing education program are delineated. The role of the American Nurses' Association, of State nursing associations, of individuals, of faculties, and of employers in standards development and implementation is examined. Program, resources, and evaluation standards are listed, and the American Nurses' Association recommends the contact hour as the basic unit of measurement for continuing education activities in nursing. The contact hour is defined as a unit of measurement equivalent to 50 minutes of participation in an organized continuing education experience. A glossary of terms used in standards development is provided.

288. American Nurses' Association, Kansas City, Mo.
Reference Resources for Research and Continuing Education in Nursing.
35p 1977 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, MO 64108, Pub. Code -- G-125 2500 12/76.

Three papers pertaining to reference resources for research and continuing education in nursing are presented. The contributions were originally presented during a program held at a 1976 meeting of the American Nurses' Association. The opening contribution, which deals with awareness of library resources, addresses the

question of what is meant by library resources for professional workers. In addition, the discussion covers the following concerns: what organizational structures are available and are needed to promote the development of library resources; how nursing should fulfill its share of responsibility for developing and maintaining resources as one of the health sciences using joint resources; and what skills in the use of library resources are needed by health students and workers. Attention is given to the way these skills may be acquired. Subsequent presentations discuss reference sources for mandatory and voluntary continuing education. Resources which nurses have available to them are enumerated. Finally, the importance of the literature search in the research process is discussed. Specific topics covered are search purposes; the sources available for research; summarizing the search; and relating literature search findings to research findings. Some bibliographical references are included.

289. Arney William Ray.
Dartmouth Coll., Hanover, N.H. Dept. of Sociology.
Evaluation of a Continuing Nursing Education Program and its Implications.
Pub. in the Jnl. of Continuing Education in Nursing v9 n1 p45-51 1978.

Evaluation should be an integral part of continuing education programs. If properly constructed, an evaluation should be able to give the investigator some idea of whether a program works and some idea of why it works or does not work. An important part of a good evaluation is early specification of what it would take to ultimately judge a program as having worked. An immediate, post-course evaluation permits some judgment regarding the effects of the course as a more or less isolated factor. Evaluations can also provide valuable insights into the character of the target population and the nature of their response to the continuing education programs. Parts of a well-designed evaluation can provide information on initial levels of knowledge, systematic differences in ability broken down by various personal characteristics, and other data which influence the selection of material to be covered, the preferred method of presentation, and the outcomes of the educational efforts themselves. The evaluation of five day-long nursing workshops conducted by the Vermont/New Hampshire Regional Perinatal Program is presented as an example of evaluation procedures and techniques. This evaluation utilized a pretest/posttest scheme to assess the impact of

the conference on the participants' knowledge of the materials covered. Program participants were also asked to evaluate the conferences.

290. Bevis Mary E.
Illinois Univ. at the Medical Center, Chicago. Dept. of Medical-Surgical Nursing.
Instrument Designed to Measure the Job-Time Educational Participation of Staff Nurses.
Pub. in Jnl. of Continuing Education in Nursing v3 n6 p24-30 Nov-Dec 72.

The construction and pretesting of an instrument designed to measure job-time educational participation by staff nurses are described. Job-time was defined as time spent on the assigned nursing unit and, in addition, as any time outside of the normal working day for which the staff nurse is compensated in time or money. Educational participation and participation in continuing learning activities were considered synonymous. Continuing learning was defined as a process in which the individual undertakes voluntarily, alone or in groups, to increase knowledge, skill, or sensitivity. A three-dimensional concept of extent of educational participation and the related scoring procedure were adopted for use in the instrument. The concept defines extent of educational participation as: (1) the number of educational activities engaged in; (2) the degree of 'educativeness' of the activities; and (3) the amount of time spent in the activities. Guidelines were formulated prior to construction of the instrument, a nine-month process involving construction of items, obtaining criticism of the items, and revising the items. Three panels of nurses reviewed the final list of 110 staff nurse activities and classified each as educational or noneducational. The panels classified 47 of the 110 items as educational. These were then submitted to 16 nurses who judged the items for degree of 'educativeness.' On the basis of these judgments, weights were assigned to the items. A survey of 22 staff nurses was used to place the items in four time categories. The final instrument was administered to a sample of 68 staff nurses from five large general hospitals. The pretest showed that the purpose of the instrument had been masked successfully, that the instrument included a comprehensive list of job-time activities for a staff nurse in any clinical area of a large general hospital, and that each item had been placed in the most appropriate time category. Data on instrument validity and reliability are given. It is noted that the instrument also holds promise as a tool for

evaluating the quality of nursing practice and the quality of on-the-job learning experiences. Excerpts from the instrument are provided.

291. Bille Donald A.
Mercy Hospital and Medical Center, Chicago, Ill.
Experience with Formative Evaluation.
Pub. in Jnl. of Continuing Education in Nursing v7 n4 p25-30 Jul-Aug 76.

The use of formative evaluation procedures in a program of continuing education for nurses at Mercy Hospital and Medical Center, Chicago, Ill., is described. Formative evaluation refers to assessment carried out at various stages throughout the planning and implementation of a program to provide feedback information during the operation of the program. Formative evaluation can be used in three aspects of continuing education programs for nurses: program development, participants' learning, and instruction. In developing a modular curriculum in critical care for Mercy Hospital and Medical Center nurses, faculty members used formative evaluation procedures in setting objectives for each program module (through comparison with standards and objectives contained in a core curriculum developed by the American Association of Critical-Care Nurses), in assessing the needs of individual learners through pretests, in implementing the program design, and in rediagnosing learning needs to determine whether the program required modification. Formative evaluation is used during the learning process to provide feedback and correctives. Two types of tests are used to evaluate students' performance: the module-embedded test, a measure of performance on one specific objective within a program module; and the module posttest, an assessment of performance on a program module as a whole. Formative evaluation of instructional methods makes it possible to determine whether the methods are effective in attaining objectives, whether certain methods are particularly effective with certain learners, and whether revisions in the course are required. Flow diagrams depicting the use of formative evaluation in continuing education programs are provided.

292. Condon Mary Brigid.
Marycrest Coll., Davenport, Iowa. Dept. of Nursing.
Inservice Education... Impact on Patient Care.
Pub. in Jnl. of Continuing Education in Nursing v3 n3 p34-38 May-Jun 72.

The impact of a series of inservice training workshops sponsored by the Iowa Hospital Association is evaluated

for 74 participating hospitals. The evaluation study sought to quantify the contribution of inservice programs to improved patient care. On the basis of the questionnaire responses, several conclusions relative to quality patient care are drawn. Nursing care has been upgraded in a majority of the surveyed hospitals. Employee productivity has been increased in the majority of the participating hospitals. Inservice programs had a positive effect on employee morale and efficiency. There has been a decrease in patient complaints relative to nursing care. These can be attributed, in part, to the inservice programs. Many head nurses hesitate to supply data relative to the implementation of the nursing process. This may have been because of not knowing the response to the question asked, or because the terminology used was not understood by the reader, or because of not wishing to expose the responsibilities of the respondent. In the area of assessment of patient's nursing needs, there was positive indication that nurses are beginning to move from nursing by intuition to nursing by assessment. There has been a marked increased in nurses developing a nursing care plan in writing for each patient. The areas in the development of a nursing care plan that show the poorest planning are rehabilitation, patient teaching, and discharge planning. Recommendations to continue to upgrade the nursing profession are provided.

293. Dauria Anne M.
Evaluating Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v4 n4 p18-20 Jul-Aug 73.

Article reports on efforts to evaluate and to document behavioral changes which occur in nursing practice and on efforts to determine the effect of continuing education on patient care. (ERIC)

294. Deets Carol; Blume Dorothy.
Texas Univ., Austin. Nursing School.
Evaluating the Effectiveness of Selected Continuing Education Offerings.
Pub. in Jnl. of Continuing Education in Nursing v8 n3 p63-71 May-Jun 77.

This 1-year project was designed to determine the effectiveness and cost efficiency of 10 different continuing education (CE) offerings. It was envisioned that the evaluation study would contribute to the identification of a prototype methodology for use in evaluating most CE offerings. Dimensions considered in the basic evaluation design were participant attitudes,

knowledge and performance as they relate to program content, and the cost of the offering. No conclusive answers were found to many of the questions posed in the project. Some encouraging as well as discouraging results were demonstrated in attempts to measure changes in CE participant attitudes, knowledge, and performance. Participant reactions to the various tests administered during the project were similar for all 10 CE offerings; they demonstrated considerable test anxiety. There were no conclusive data with respect to the influence of the cost of an offering on the amount and kind of knowledge and attitudinal changes that occur as the result of an offering. Sample forms used to obtain information on CE offerings are included.

295. Del Bueno Dorothy Joan.
Empirical Evaluation of the Relationship Between Continuing Education and Nursing Behavior.
107p 1976 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. UM No. 76-17280.

296. Diers Donna.
Yale Univ., New Haven, Conn. School of Nursing.
Role of Continuing Education in Promoting Research in Practice.
Pub. in the Jnl. of Continuing Education in Nursing v8 n3 p54-62 1977.

Continuing education can be used in a variety of ways to help nurses become aware of and use research knowledge in their practices. There are now some sustained lines of inquiry in nursing which have produced valid and reliable information that could be useful to nurses in practice. Considerable research has been done in such areas as the preparation of patients for hospitalization and for surgery and on the effect of nursing on pain. Continuing education courses could concentrate on one area of concern and explore the theories and findings of studies in that particular area. Another function of continuing education could be to explore the findings of research in psychology, sociology, psychiatry, and medicine in terms of their direct implications for nursing practice. Continuing education could actively promote patient care research. At present there are not enough people trained to conduct patient care research. In addition to training people to use the tools of research, continuing education must also teach them to discover nursing practice problems for research and to develop these ideas into feasible studies. Continuing education could promote nursing practice research by developing experiences that deal with

issues concerning the research process rather than issues of substance. There is a need for nursing practice research to be adequately rewarded. Continuing education programs should make an effort to develop a specified group of nurses to conduct nursing practice research in order to assure that research is conducted which will be relevant to the improvement of patient care.

297. Donovan Lynn.
Who's Going to Pay for All that Continuing Education.
Pub. in RN p48-51 Jan 78.

The willingness of hospitals to provide the continuing education (CE) benefits frequently offered nurses during recruitment is assessed on the basis of a survey of 321 nurses and interviews with administrators. The survey findings show that 57 percent of the nurses receive full salary during CE activities, 46 percent are reimbursed for tuition, and 27 percent get travel expenses. However, only 22 percent have all costs covered and 37 percent receive no pay for CE participation. In only 10 percent of the cases reported have hospital reimbursement policies become more liberal; in 14 percent policies have become less liberal, in part because of lack of funds. Even when the policy remains unchanged, two-thirds of the nurses feel that the hospital is nonsupportive. Short-term facilities are three times more likely to provide reimbursement than any other hospital type; hospital size is an insignificant factor. The administrators of nurses' associations vary in their opinions about hospital policy trends and about whether the nurse or the hospital is responsible for CE costs. Cost containment legislation causing hospitals to cut CE expenditures at a time when nurses are forced by new demands and laws to seek CE for relicensure may undermine the quality of education programs and of patient care. Five tables are included.

298. Fitzpatrick M Louise.
Columbia Univ., New York. Teachers Coll.
Present Realities/Future Imperatives in Nursing Education.
147p 1977 Available from Teachers College Press, Columbia Univ., 1234 Amsterdam Ave., New York, NY 10027.

The 12 papers in this monograph on nursing education were originally presented at a 1974 conference on research in nursing. The papers have been grouped into two broad areas. In the first group are contributions concerned with new directions in nursing education. Papers on the associate degree nursing program, on baccalaureate, graduate, and continuing education in nursing, and on the climate for experimentation follow an introductory essay

which observes that nurses are involved in their own vital searches for meaning as they make choices for themselves through working in the world. The second group of papers is concerned with recent studies in the field. These studies treat such professional issues as innovations in the nursing curriculum and their impact on student perceptions; role strain and the professional self-image of the registered nurse; and development and testing of a professional model of clinical practice. Also included is an essay which treats the development of research in nursing and projections concerning the thrust of research efforts.

299. Hinshaw Ada Sue.
Arizona Univ., Tucson. Coll. of Nursing.
Discussion -- Field Studies for Nursing Practice Research.
Pub. in Communicating Nursing Research v8 p115-123 Mar 77.

The three nursing studies examined and compared in this article focus on three areas: 1) themes and concerns in nursing to which the three studies address themselves; 2) conceptual and methodological similarities and differences; and 3) the significance and power of the studies. The first study examines the relationship between an institutional mechanism that assesses the quality of patient care -- the nursing audit -- and the professional employees' willingness to assume accountability for their actions or non-actions. The second investigates a relationship between staff development programs and professional functioning of nurses, and the third deals with the problem of the dilemma of matching nursing resources with patient need for nursing care. The second and third studies formulate research problems from originating questions. The first study evolved from a synthesis of several sets of higher order propositions from sociological and psychological theory, used to predict relationships. All these studies can be considered durable and valuable. The power of the studies is determined by their precision, reproducibility, and generalizability. The studies vary in these critera -- the first and third studies especially lack generalizability.

300. Inservice Spending in Nebraska.
Pub. in Modern Healthcare v2 n4 p69-71 Oct 74.

A survey was made of 89 Nebraska hospitals to obtain information on inservice education expenditures. Usable responses were received from 61 hospitals, and 43 of these hospitals had fewer than 100 beds. Twenty-six of the responding hospitals did not include training and

education as a budget item. It was found that financial commitment to inservice education was directly proportional to bed size, with large hospitals generally having the largest budgets for inservice education. The primary emphasis of training and education was on nursing, and the responsibility for most inservice education programs was placed in nursing departments. A broad spectrum of inservice education activities was anticipated by the hospitals for 1974. Only 4 of the 61 hospitals indicated that they did not conduct orientation programs for new employees. Some hospitals financed employee development programs at a university, college, or technical school and through correspondence courses. Almost all hospitals used types of audiovisual mechanisms. Hospital administrators agreed that there is a need for educational programs to inform employees of changes that affect the hospital, employee, and patient.

301. Kase Suzanne H; Swenson Betty.
Little (Arthur D.), Inc., Cambridge, Mass.
Costs of Hospital-Sponsored Orientation and Inservice Education for Registered Nurses.
173p Nov 75 Available NTIS PB-255 014/3

The study was conducted to estimate the total national cost of in-hospital education for registered nurses. The design included analysis for differences in orientation costs for new nurses, with three types of preparation (diploma, Associate Degree, and Baccalaureate) and for cost differences in hospitals of varying sizes. Data were supplied by a stratified random sample of 394 hospitals. The total national cost of in-hospital education is estimated to be $226 million; $135 million, or 60% is for orientation and $91 million, or 40%, is for inservice education. Average total costs per sample hospital are presented as well as costs per new nurse for orientation and inservice education. Average salary costs for training staff for both orientation and inservice were calculated from the sample data; they ranged from $7,176 in the smaller hospitals to $80,062 in the largest. (NTIS)

302. Lee Barbara J.
Kellogg (W. K.) Foundation, Battle Creek, Mich.
Financial Support for Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v2 n5 p7-12 Sep-Oct 71.

Sources of funds for continuing education programs in nursing are identified and the manner in which the funds are used is assessed in a discussion concerned with how financing patterns influence continuing education program

content. Financial support comes from a variety of sources, including government, educational institutions, professional organizations, and individual nurses. The Federal Government appears to contribute the largest share. Expenditures by other kinds of agencies and institutions, and particularly by individual nurses, are difficult to estimate. Concern is expressed that, although large sums of money are involved in continuing education programs, the programs may not be keeping pace with changes in the practice of nursing. One approach nurses can take to gaining influence over the sources of funds for continuing education is to join in State planning efforts. Another approach is to involve more physicians in program development. In addition to taking direct action to influence the distribution and expenditure of continuing education funds, nurses should be aware of developments in continuing education in other fields. The implications of a stronger relationship between nursing education and nursing service should be considered. Questions concerning the appropriate roles of government, professional organizations, schools, and individuals in financing continuing education should be addressed.

303. Lynch Lillian.
Arizona Univ., Tucson. Coll. of Nursing.
Toward Appropriate Change in Behavior Measuring Knowledge, Attitude and Skills in Continuing Education.
Pub. in Jnl. of Continuing Education in Nursing v3 n5 p6-10 Sep-Oct 72.

Changes in the knowledge, attitudes, and skills of 51 registered nurses were evaluated after their participation in a continuing education program. Between 1960 and 1972, the University of Arizona in Tucson sponsored six Western Council on Higher Education for Nurses (WCHEN) leadership conferences. The primary goal of the WCHEN conference series was to improve the quality of nursing care through better administration, supervision, and teaching. The content of the conferences focused on nursing issues and social change, communication skills, programming for nursing care, research and methodology, evaluation techniques, and leadership skills. Fifty-one registered nurses who attended all six conferences completed evaluation forms, indicating whether any benefits resulted from the conference experience. Of the respondents, 23 nurses held the position of supervisor, and 19 were head nurses or unit coordinators. The remainder were directors or instructors. Test items measured the affective domain (attitudes, values, and appreciation) and the cognitive domain (knowledge and information). Practice with feedback was identified as an important consideration in

changing behavior in the area of communication skills. Behavioral changes were greatest in the cognitive domain, although there were a number of changes in the affective domain. Supporting data on the results of the study are tabulated according to the age, educational background, and position of the nurses.

304. Meleis Afaf I; Benner Patricia.
California Univ., San Francisco.
Process or Product Evaluation.
Pub. in Nursing Outlook v23 n5 p303-307 May 75.

Process and product evaluation are contrasted, with particular attention to how the former was used to facilitate decisionmaking concerning the use of modular instruction in a beginning health assessment course at the University of California (San Francisco) School of Nursing. Whereas product evaluation measures the outcomes of an undertaking, process evaluation can take place before outcomes are achieved and can enhance a new program by providing continuous feedback on which to base changes. Guidelines for choosing between process evaluation and product evaluation are offered, and the reasons behind the choice of process evaluation for the University of California project are discussed. In the first 2 years of the modular instruction project, two research tools were used in process evaluation: a survey of students' attitudes toward the use of modular instruction; and the thinking introversion and autonomy scales of the Omnibus Personality Inventory (OPI), used to measure students' propensities for academic activities and independent thinking. The attitude survey revealed the importance placed by students on student - student and instructor - student interaction, and the program was modified accordingly. OPI scores revealed that some students appeared to require a more structured learning situation than others. Plans to use the information gained through process evaluation in making program changes are noted.

305. Mitsunaga Betty; Shores Louise.
Washington Univ., Seattle. Dept. of Psychosocial Nursing.
Evaluation in Continuing Education -- Is It Practical.
Pub. in Jnl. of Continuing Education in Nursing v8 n6 p7-14 1977.

Both the nature of continuing nursing education and the nature of the adult learner influence the feasibility of evaluation efforts regarding these programs. Continuing education offerings may be occasional activities of an organization that exists for some other purpose or may be part of an overall program of continuing education. The

goals and objectives of an educator in a continuing education course may not be those of the learners. In addition, the adult learners may be resistant to being evaluated. The evaluation results of continuing education offerings and programs have potential use for learners, program faculty, program administrators, funding agencies, and credentialing boards or agencies. Reaction forms are frequently used for the evaluation of continuing education. This tool provides information about the learner's self-perception of learning and satisfaction with the offering or with its specific components. Learner attainment of the stated objectives of an offering may be measured by paper and pencil tests, structured interviews, attitude scales, or direct observation of skill performance. In order to demonstrate that continuing education is truly effective, it is necessary to find ways to measure changes in the quality of service and in patient outcomes. One approach is to periodically conduct an evaluation of the effectiveness of a specific offering using a relatively self-contained population. Nursing audit of patient outcomes offers one possible source of data for such an evaluation. The flexibility of continuing education offerings provides another hindrance to efficient evaluation of such programs.

306. Padilla Geraldine V; Baker Veronica E; Dolan Vikki A. City of Hope National Medical Center, Duarte, Calif. Div. of Nursing.
Interacting with Dying Patients -- An Inter-Hospital Nursing Research and Nursing Education Project.
219p 1975 Available from City of Hope National Medical Center, Nursing Dept., 1500 East Duarte Rd., Duarte, CA 91010.

A project undertaken at the City of Hope National Medical Center, Duarte, Calif., to develop and test the effectiveness of an inservice education program on death and dying is documented. The goal of the project was to provide a means of teaching nurses to communicate therapeutically with dying patients and their families. The project report, which can be used as either an instructor's manual or a textbook, is directed to nursing and other staff development personnel in hospitals, to continuing education and basic nursing education faculties and students, and to social workers and chaplains. The attitudinal and behavioral responses to death and to dying patients which are characteristic of nurses are discussed, and the need to redirect academic and inservice programs to better equip nurses to interact therapeutically with dying patients is considered. The conceptual framework for the City Of Hope attitude-behavior change program is presented. An overview of the program is followed by

indepth discussions of the program's objectives, content, and methods for integrating classroom and clinical experiences. The methods and findings of three studies conducted to evaluate the effectiveness of the program are reported, and implications of the findings for education and research are discussed. A summary, a glossary, supporting documentation, and lists of references are included. A learner manual, program knowledge test, and patient behavior inventory form are appended.

307. Patterson Robert D; Gurian Bennett S.
Harvard Medical School, Boston, Mass. Lab. of Community Psychiatry.
Long-Term Effects of a Nursing Home Education Project.
Pub. in The Gerontologist v16 n1 pt1 1976.

The results of a 1-year followup survey of the effects of a series of workshops and seminars to increase the utilization of mental health concepts in nursing homes are presented. The nursing home education project involved six 10-week courses dealing with how to teach and set up inservice education in nursing homes. Five classes, with a total of 68 students, were comprised of social workers and nurses at psychiatric hospitals located in Massachusetts. These individuals were responsible for community placement and after care. Each student was expected to conduct an inservice education program in a nursing home during the course. Two workshops were conducted in cooperation with the Vermont Nursing Home and the Department of Mental Health. One workshop on the development and delivery of inservice training programs was attended by 45 staff members from nursing homes and mental health facilities. The second workshop focused on teaching methods applicable to nursing homes. A series of 1-day workshops and 8-week seminars was also conducted. Of 238 questionnaires mailed to participants, 102 were returned and analyzed. Attitudes of staff members and nursing home administrators were the most frequently mentioned factor affecting whether an inservice education program was initiated. People who attended the seminars and workshops on various mental health topics said they implemented a wide variety of ideas from the sessions. Sixty-one percent of the participants stated that it was important to meet and talk with people from other homes. The sessions had considerable effect on the job satisfaction experienced by people. Increases in personal skills were the most frequently cited results, while program changes occurred only infrequently.

308. Payne Beverly C; Lyons Thomas F; Dwarshius Louis; Kolton Marilyn; Morris William.
Michigan Univ., Ann Arbor.
Quality of Medical Care: Evaluation and Improvement.
164p 1976 Available from Hospital Research and Educational Trust, 840 North Lake Shore Dr., Chicago, IL 60611.

Patient care studies and a continuing education project in the State of Hawaii are described. The continuing education project was undertaken in selected hospitals to assist staff members in creating an environment and capacity for behavioral change, based on the results of the three patient care studies. The overall research effort was limited to 22 nonfederal short-term hospitals in the Hawaiian Islands. The episode of illness study showed that the prepaid multispecialty group is capable of effectively directing patients to modal specialists and maintaining specialists who are careful in the use of hospital facilities without adversely affecting quality in the delivery of medical care. Data from the office care study demonstrated the paucity of physician-initiated care for patients. There was no significant relationship between board certification and physician performance, although modal specialization was related to better performance in 10 of 12 categories. The outcome study showed that process measures of performance based on conformance to criteria may be easily applied to diagnosis-specific evaluation on a retrospective basis. A hospital survey was conducted to obtain information on work relationships, interdepartmental coordination, the functioning of selected groups and departments, tension experienced by nurses, departmental decisionmaking, and the quality of patient care. Criteria for inpatient and ambulatory care and the hospital survey questionnaire are appended.

309. Popiel Elda S.
Evaluation of the Effectiveness of the Continuing Education Course -- New Perspectives in College Health Nursing.
Pub. in Jnl. of the American College Health Association v19 n3 p169-173 Feb 71.

310. Popiel Elda S.
Long Range Evaluation of a Continuing Education Course.
Pub. in Jnl. of Continuing Education in Nursing v4 n4 p15-17 Jul-Aug 73.

The Continuing Education faculty at the University of

Colorado School of Nursing considers the evaluation of the long range effects of their continuing education courses a major concern as well as a problem area. (Author Abstract)

311. Puetz B E, Rytting M B.
Evaluation of the Effect of Continuing Education in Nursing on Health Care.
Pub. in Jnl. of Continuing Education in Nursing v10 n2 p22-25 Mar-Apr 79.

The results of an evaluation of the impact of the Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN) suggest that some nurses who are involved in continuing education activities are able to use what they learn in their nursing practice. The objective of ISPCEN was to coordinate resources, data, and personnel with a view toward providing quality continuing education activities for nurses at a regional level. To meet this goal, 10 regional centers, each with a regional coordinator, were set up in institutions of higher education. A regional committee comprised of active health care professionals was organized in each region. When the project ended, a survey form intended to obtain impressionistic data on the effect of continuing education on health care was developed and distributed to committee members. The respondents were asked to give their own opinions and to obtain the impressions of their colleagues on three questions related to the effect of the ISPCEN program. The responses, some of which included specific examples of the way the project had affected quality of care, indicated that continuing education had been useful. It is suggested that additional evaluative studies which have more rigorous evaluation designs are needed.

312. Puetz Belinda E.
Indiana Univ., Indianapolis. Indiana Statewide Plan for Continuing Education in Nursing.
Formative Evaluation of the Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN).
Pub. in Jnl. of Continuing Education in Nursing v9 n1 p11-13 Jan-Feb 78.

This article, written by the project director of the Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN), reports on an evaluation of that program after 3 years in operation. The evaluation was concerned with the impact of ISPCEN on nurses in Indiana and the extent to which ISPCEN was accomplishing its goals. Data collection techniques included questionnaires, discussion questions, and interviews: 700 nurses were selected for a survey, ISPCEN Regional Coordinators met in discussion groups, and

members of the ISPCEN Board of Directors were interviewed. A list of recommendations was formulated on the basis of the data collected including: 1) making an explicit effort to convey the goals of ISPCEN to nurses; 2) establishing a liason with health care professionals to promote the development of continuing education offerings; and 3) preparing a brief on the use of continuing education credits in nursing. ISPCEN must be continually reevaluated both due to accountability to funding agencies and to insure a sound continuing education program.

313. Redford J B; Brostrom M A; Gough K M.
University Hospital, Edmonton (Alberta).
Reactivation Programs Cut Nursing Care Costs in Extended Care Facilities.
Pub. in Dimensions in Health Service v51 n11 p14-17 Nov 74.

The impact of a traveling team of inservice educators on the level of functioning of nursing home patients in Alberta, Canada, is assessed. An earlier study showed that the nursing care demands of more mobile, less dependent patients were significantly lower than the demands of other patients. Costs of nursing care for totally dependent patients were seven times as great as costs for mobile patients. A traveling team consisting of a nurse and a physical therapist assisted by rehabilitation center staff visited nursing homes and taught nursing home staff members the principles of rehabilitation that lead to activation of geriatric patients. To test the effectiveness of the team's efforts, 12 extended care facilities and 471 elderly patients were assessed before and after introduction of the following experimental conditions -- informal interaction by a research team member offering no advice or assistance; provision of inservice education and consultation by the nurse and therapist; and no education or visits. The experiment demonstrated that elderly patients appear to deteriorate upon institutionalization, but that in facilities having regular contact with an external team or representative from a rehabilitation center, patients' preexperimental levels of functioning were maintained over a 6-month period. The traveling team approach proved particularly effective. Cost implications are discussed, and supporting data are included.

314. Repicky Paul A; Hotvedt Martin O.
University of Southern California, Los Angeles. Div. of Research in Medical Education.
Role of Formative Evaluation in a Continuing Education Program -- Basic Rehabilitation Nursing Techniques.
Pub. in Jnl. of Continuing Education in Nursing v8 n4 p29-34 Jul-Aug 77.

Formative evaluation involves efforts which focus on the improvement of educational programs through the use of ongoing evaluative procedures. The concept calls for the collection and immediate feedback of information throughout a program's implementation. In designing and implementing formative evaluation for a continuing education program in nursing, the techniques and/or instruments of data collection must be comprehensive and include opportunities for open-ended responses; the data must be made readily available to decisionmakers; and the project staff must be flexible enough to make indicated modifications in the design of the program and/or its evaluation. Formative evaluation procedures offer a sound, systematic approach to the development of continuing education programs in basic rehabilitation nursing techniques. A week-long workshop consisted of completion of a self-instructional text, clinical instruction on rehabilitation techniques, and patient observation designed for inservice educators and nurses from hospitals, nursing homes, and other health care institutions. Ten workshops were conducted over a 6-month period. Evaluation data on each workshop's effectiveness were collected from all participants using: an attitude survey and an open-response opinionnaire, both administered at the end of the workshop; continuous informal observation through interaction with participants; a needs-assessment instrument given on the first morning of the workshop, and a followup administered at the end of the workshop to determine how well expectations were met; and a 100-item multiple choice pretest and posttest to measure participants' progress. A variety of modifications based on feedback from the earlier workshops resulted in a program more responsive to the needs of the participants in subsequent workshops.

315. Rezler Agnes G; Stevens Barbara J.
Illinois Univ., Chicago. Coll. of Nursing.
Nurse Evaluator in Education and Service.
333p 1978 Available from McGraw-Hill Book Co., 1221 Ave. of the Americas, New York, NY 10020.

Basic ideas about evaluation in nursing are presented. The first of the book's four parts covers general concepts which may be applied to both nursing education and nursing

service. Steps in the evaluation process are presented as a framework for all evaluation processes. Specification of objectives and matching of objectives with the appropriate evaluation methods are discussed. The second part, which is designed primarily for nursing educators, contains material on evaluation of students, teachers, and educational programs. The third part, intended mainly for nursing service administrators, practitioners, and supervisors, deals with the evaluation of patient care, staff development programs, personnel, and the organization and structure of nursing services. The fourth part is said to be applicable to both nursing service and education. Common statistical methods for describing and analyzing evaluation data are described in relation to specific, commonly encountered nursing situations. Tables and figures highlight the data.

316. Skipper James K; King James A.
Medical Coll. of Ohio at Toledo. Dept. of Community and Family Medicine.
Continuing EDucation: Feedback from the Grass Roots.
Pub. in Nursing Outlook v22 n4 p252-253 Apr 74.

Empirical data were obtained from an evaluation study of a continuing education program for health professionals in a midwestern State. The study focused on the attitudes and opinions of a sample of practicing nurses who participated in the continuing education program. The program was carried out during the 2-year period from 1971 to 1973. Twenty-eight seminars, workshops, and symposiums were held on such topics as the development of supervisory skills, heroin addiction, respiratory distress, and cardiopulmonary resuscitation. Of 796 program participants, 272 returned questionnaires about the program; 175 of the respondents were registered nurses. Approximately 90 percent of the respondents were employed by hospitals. The remaining 10 percent were nursing home employees. Less than 10 percent of the nurses had a baccalaureate degree. A high level of satisfaction with the continuing education program was reported. Nearly 50 percent of 57 different programs suggested for inclusion in other continuing education programs were nonbiological in nature. The suggested programs included nursing eithics, legal aspects of nursing, counseling and leadership skills, interpersonal relations, and business techniques. Of the respondents, 28 percent indicated that they had undertaken subsequent formal education as a result of the continuing education program. The findings of the study demonstrated that continuing education was an individual responsibility rather than the responsibility of the employing institution.

317. South John C.
Duquesne Univ. of the Holy Ghost, Pittsburgh, Pa.
Performance Profile -- A Technique for Using Appraisals Effectively.
Pub. in Jnl. of Nursing Administration v8 n1 p27-31 Jan 78.

The traditional focus of nurse performance appraisal or evaluation has created serious problems in the use of performance appraisals, reduced or even blocked coaching/counseling efforts, and limited the effectiveness of other personnel programs designed to use appraisal information constructively. The performance profile technique is designed to reduce the dominance of the evaluation theme for both the supervisor and the subordinate and, at the same time, to facilitate counseling and development efforts. The profile should include all information to be used in the post-appraisal review. The following major steps should be used in the preparation of the profile: select the performance components or criteria to be used; transform the ratings, if necessary, to a numerical score; and plot the sum of each performance component directly on the profile. The profile serves as a diagnostic portrayal of the nurse's performance and helps the supervisor in structuring and guiding the post-appraisal discussion. Focusing on the pattern of the nurse's performance sets the stage for more effective coaching and professional growth. Use of the profile demonstrates that efforts were made to understand the nurse's peformance, rather than just to rate him/her. This should lead to increased motivation, higher morale, and greater respect for the immediate supervisor. Identification of the nurse's strengths and weaknesses makes it easier to identify professional developmental needs and to plan for them. Examination of profiles for groups of nurses may help to identify general inservice training or other personnel activities which are needed.

318. Texas Nurses Association, Austin.
Research and Evaluation Report on the Continuing Education Recognition Program.
198p Sep 75 Available NTIS HRP-0018193

The attainment of goals by the Continuing Education Recognition Program (CERP) of the Texas Nurses Association is assessed. Stated goals of CERP are to provide uniform standards and guidelines for continuing education in professional nursing, to provide a system of learning experiences, to increase the participation of registered nurses in continuing education activities through a system of recognition, and to improve health care services by achieving the preceding goals. CERP is a voluntary

enrollment program open to all registered nurses in the State of Texas. Each participant must enroll in the program for a 2-year period and must accumulate 140 points within that period in order to fulfill program requirements and receive a certificate of recognition. Questionnaires were developed to evaluate CERP and were mailed to 1,044 registered nurses. Only 144 of the questionnaires were received in time for analysis. A survey was also made of nursing service directors and program sponsors. An examination was made of the program approval process and internal management audit procedures. Internal management audit for CERP was concerned with fiscal management, recordkeeping, and computer utilization. It was determined that a significant number of CERP participants and nursing service directors felt that the program does create incentives for greater participation in continuing education activities and that it results in improved nursing competence. Marketing aspects of CERP are examined. Additional information on the evaluation of CERP is appended. A glossary, bibliography, supporting tabular data, and the evaluation forms are included.

319. Texas Univ. System, Austin. School of Nursing.
Evaluating the Effectiveness of Selected Continuing Education Offerings.
357p 1975 Available NTIS HRP-0018192

Ten continuing education programs sponsored by the University of Texas System School of Nursing are evaluated. The evaluations are based on pretests and posttests of the participants' attitudes, knowledge, and performance. Each evaluation includes a review of relevant literature, details of the evaluation procedure and of the development of evaluation instruments, findings, conclusions, and supporting documentation. The programs evaluated include a 4-day conference on associate degree nursing attended by faculty members of associate degree programs in Texas; two 6-day workshops for inservice education directors; self-instruction programs using a slide - tape media package on health teaching; a 2-hour class on cardiopulmonary resuscitation; and a one-semester program to prepare pediatric nurse practitioners. Other programs evaluated include a 90-hour health appraisal course for school nurses; 1-day and 4-day workshops on physical assessment; six courses for foreign nurses; and a 1-day workshop on trends in the care of patients with cancer. A summary analysis is presented of the costs of the continuing education offerings and of the effectiveness of the evaluation model employed.

320. Tranbarger Russell E.
Moses H. Cone Memorial Hospital, Greensboro, NC.
Continuing Education in a Rural Hospital -- Does it Make a Difference.
Pub. in Jnl. of Nursing Administration v8 n8 p39-42 Aug 78.

The value of mandatory continuing education in a rural hospital was tested in a 2-year survey of 47 registered nurses and 8 licensed practical nurses at Moore Memorial Hospital in North Carolina. Nurses were encouraged to participate in workshops of their choice sponsored jointly by the hospital and Sandhills Community College or approved by the Continuing Education Recognition Program Committee of the North Carolina Nurses' Association; educational endeavors which were job-required or cost more than 10 dollars were paid for by the employer. Survey respondents were typically diploma graduates, female, between the ages of 20 and 40, with a family, and employed full-time. Results indicate that a significant group, especially associate nurses, only continue education if required to do so, that most nurses will apply new knowledge if given the opportunity, that nurses gain self-confidence as well as knowledge and skills from appropriate offerings, and that nurse recruitment is a positive side effect of continuing education. The validity of findings is limited by factors such as small sample size and subjective individual perceptions of changed behavior. Two tables are provided.

AUTHOR INDEX

Abruzzese Roberta Straessle 1
Adams Alice E 1
Allcock Muriel 113
American Nurses Association 21, 67, 68, 69, 70, 71, 75, 113, 114, 115, 169
American Nurses Association Commission on Nursing Education 75
American Nurses Association Council on Continuing Education 21, 74
American Nurses Association Council of State Boards in Nursing 71, 72, 73
American Nurses Association Division on Maternal and Child Health Nursing Practice 116
Angel Gerry 22
Arizona State Dept of Health Services Bureau of Nursing 116
Arkansas League for Nursing 117
Armour Mildred 118
Arney William Ray 170
Association of Operating Room Nurses 76
Austin Eileen Kay 2
Axford Rita 118

Baer Charold 155
Baird Marcia A 164
Baker Veronica E 142, 180
Bailey Kathryn E 2
Barden Gertrude 125
Barhyte Diane Y 153
Barlow Donna J 23, 48
Barnett Elizabeth M 24
Barnett G O 159
Barrett Jean 76
Benner Patricia 179
Berlin Michael 146
Berni Rosemarian 119
Berthold Jeanne Saylor 153
Bevis Mary E 171
Bille Donald E 2, 172
Bivin Victoria E 120
Blanchard Kenneth H 130
Blume Dorothy 173
Bolte Irma M 24, 103, 153
Boroch Rose 45
Bowen Barbara J 25
Boyd N Jean 166
Braley Naomi L 120
Brostrom M A 184
Bunnell Margaret 6
Bunning Richard I 121
Burgess Gloria Ruth 2
Burrell Barbara 41
Butts Trudi 48
Byrns Helene Hestad 28

Cady Louise 122
Caliendo Mary Alice 122
Cantor Marjorie Moore 26
Carew Donald K 130
Carter M C 18
Chafetz Linda 123
Chamberlain Jeanette G 77, 131
Chase Beatrice A 3
Chater Shirley 78
Chesney Alan P 23
Clark Carolyn Chambers 154
Clark Kathleen M 3
Cleland Betty 78
Clover Bottom Developmental Center 27
Cohen Harris S 79
Collart Marie E 27
Condon Mary Brigid 172
Cooper Signe Skott 4, 28, 29, 79, 80, 90
Cope Adrienne B 29
Copeland Winifred L 29
Copp Laurel Archer 4
Cornett Sandra 155
Coye Dorothy 30

Crockett Pernell W 31
Curran Connie L 5
Curran Mary Alice 153
Cutchen Linda 118
Cutler Mary Jane 31

Dauria Anne M 173
Deets Carol 173
Department of Nursing
Health Sciences Unit
University of Wisconsin-
Extension 80
Del Bueno Dorothy Joan 26,
174
deTornyay Rheba 80
Dickinson Gary 3
Dickman Irving R 124
Diers Donna 174
Dixon Jon M 154
Dolan Vikki A 142, 180
Donovan Lynn 175
Dwarshius Louis 182
Dwyer Kathleen 8

Edelstein Ruth Greenberg 6
Eltzeroth Paija 6
Eng Evelyn 32

Ferguson Vernice 134
Fincke Mildred K 124
Finkelman Anita Ward 33
Fitzpatrick M Louise 175
Fleming Juanita W 153
Florida Nurses Association
81
Flower Margaret 125
Forni Patricia R 24, 81
Foster Rosalyn 33
Fraser Carolyn 34
Friedrich Rose Marie 35
Friend Gail 35
Frizzell Jean S 86
Fry Carlton F 155

Gaillard Jacqueline 123
Germaine Anita 82
Gessner Barbara A 76
Getchell Marjorie E 61
Gettinger C Earl 151
Gifford Alice 36
Gilliland Virginia M 126
Gold Robert A 61
Good Janet L 82
Good Vivian 58
Goodman Lilian Rachel 126
Gough K M 184
Gouyd Nancy 154
Griffin Winifred H 36
Griggs Blanche Melecka 156
Gross Jacqueline R 151
Guimei Maaly Kamal 156
Gurian Bennett S 181
Guy Joan S 16

Haase Ann Marie 130
Hall Virginia C 86
Harnett Cornelia P 37
Harpine Frances H 134
Harris Lynda 24
Hauf Barbara J 38
Hendryson Irvin 24
Hennessey Elaine Cottrell
126
Hensley Bonnie K 157
Heppler Jacqueline 127
Hershey Nathan 83
Hewitt Gordon Blair 53
Hickey Tom 126, 151
Hilliard Mildred 158
Hinshaw Ada Sue 176
Hoefflin Walter R 158
Hoffer Edward P 159, 160
Holcomb J David 144
Holloway Robert G 38
Holloway Sally 38
Holmberg Mary Lou 39
Horn Barbara J 16
Horoshak Irene 128
Hosford Marian Hauck 128
Hott J 128
Hotvedt Martin O 185
Hutkin Ronald M 39
Hyde Edward J 53

Illes Lynne M 86

Indiana Statewide Plan for Continuing Education in Nursing 40

Jedrzejec Marie 8
Jones Phyllis E 129
Jordan Clifford H 84
Judy M G 129

Kahn Jane M 129
Kane Robert L 20
Kase Suzanne H 177
Keeling Arlene K 160
Keller Elizabeth True Seifert 8
Kelly Lucie Young 84
Kemp Jerrold E 161
Keogh Gertrude 40
Kerstein Morris D 125
Keyes Victoria 132
King James A 186
King Philip J 41
Kinnecom Gertrude 8
Koch Harriet B 162
Kolton Marilyn 182
Kondracki Mary Russo 163
Krekeler Kathleen 85
Kuba Anna 86
Kubat Janice 9
Kuramoto Alice M 86

Lally Elizabeth 41
LaMonica Elaine L 130
Lamson Warren C 131
Lancour Jane 131
Lang Norma M 42
Lansky Melvin R 132
Larocco Susan 87
Latshaw Lois L 42, 61
Lee Barbara J 177
LeNoir Linda 13
Leonard Lucille 43
Levanthal Brigid G 134
Leyasmeyer Edith D 43
Linton Corinne B 133
Loebl Richard J 131
Loucks Phyllis M 44
Loughrey Alyce 159
Lovett Marc 44
Luzinski Ruth 88
Lynch Lillian 178
Lyons Thomas F 182

Mackert Mary Ellen 45
MacPhail Janetta 133
MacVicar Jean 45
Marriner Ann 88
Marshall Frances M 133
Maryland Licensed Practical Nurses Association 86
Mathewson Herbert O 159
May Florence 45
McAtee P R 134
McCalla June L 134
McClure Margaret L 89
McDonnell Geraldine 9
McGarth Barbara Jo 46
McGill Clo 47, 48
McGriff Erline Perkins 90
McIndoe Thomas C 48
McKenna Marion E 90
McKenzie Leon R 49
McMahon Joan 61
McMullan Dorothy 135
McNally Jeanne Margaret 9
McVey Geneva G 132
Medearis Naomi D 50
Meleis Afaf I 179
Menninger Foundation Center for Applied Behavioral Sciences 136
Meyer Roger E 149
Michelmore Ellen L 50
Miike Lawrence M 79
Miller Barbara E 29
Miller Jan 91
Miller Joan E 137
Miller Patricia 10
Mills Gretchen C 137
Mitsunaga Betty 179
Molinaro Linda 47
Montag Mildred L 91
Montiero Lois 8
Moore Marjorie A 50
Moran Vi 162
Morgan Dorothy M 51

Morris William 182
Moser Dorothy H 163
Mote John R 92
Mountain States Regional Medical Program 52
Murphy H Ormond 53
Murphy Jeanne S 93

Nakamoto June 93, 94
National Inst of Mental Health Continuing Education Branch 138
National League for Nursing Inc 95, 98
National League for Nursing Inc Council of Diploma Programs 95
National League for Nursing Inc Council of Hospital and Related Institutional Nursing Services 52, 96
National League for Nursing Inc Department of Baccalaureate and Higher Degree Programs 96
National League for Nursing Inc Division of Community Planning 97
National League for Nursing Implementation of Continuing Education in Nursing 103
National League for Nursing Licensure and Credentialing 104
Neuman Marilyn M 99
New England Board of Higher Education 139
New England Council on Higher Education for Nursing 53, 100
New Hampshire Nurses Association Committee on Continuing Education 11
Neylan Margaret Sarah 53
Niles Anne McKee 164
Nodell Celeste 124, 140
Noriega Lawrence 160
Northern New England Regional Medical Program in Continuing Education 141
Nuckolls Katherine Buckley 141

O'Connor Andrea Buczak 11
Ohio Valley Regional Medical Program 100
Oregon State Board of Higher Education Office of Academic Affairs 54

Padilla Geraldine V 142, 180
Palmer Richard I 157
Parker Lorne A 164
Patterson Robert D 181
Paxton Phyllis 15
Payne Beverly C 182
Pecuch Monica M 2, 11, 12
Pettingill Mary Martin 101
Pfeiffer Isobel 166
Phelps Charlene 76
Pickard Myrna R et al 143
Pierce Susan F 55
Pilcher David B 151
Pluckhan Margaret L 55
Polacsek Barbara K 34
Polit Denise F 87
Ponzo Kathryn M 13
Poole Drusilla 101
Popiel Elda S 50, 102, 143, 182
Porter S F 165
Pounds Grace Elizabeth 13, 14
Poynor Lee Humphreys 144
Pozorski Mary C 24
Puetz Belinda E 49, 56, 183
Pyke Harold F 15

Quaife Marjorie C 26

Radcliffe College Programs in Health Care 56
Ranzou Marie-Louise 57
Rea Deanna 91
Reavis Patricia 126
Redford J B 184
Reilly Dorothy E 57
Reinders Agnes A 131
Reinhart Elizabeth 165
Repicky Paul A 144, 185
Rezler Agnes G 185
Robinson Robert R 145
Robinson Stella P 15
Rockwell Susan M 103
Roush Robert E 144
Rudnick Betty R 103
Rytting M B 183

Sanborn Charlotte J 15
Sanborn Donald E 15
Sanzobrino Brenda 146
Sattig Harriett H 16
Saul Shura 146
Savett Laurence A 58
Schoen Delores C 17
Schweer Jean E 17, 59, 104
Scully Donna 62
Seibert Dean J 15
Shaffer Mary K 166
Sherer Barbara Kollman 59
Shinnick James P 147
Shirley Daniel W 147
Shirley Gail E 147
Shores Louise 179
Shortridge Lillie et al 148
Siegel Fanny F 31
Simonds Scott K 105
Skipper James K 186
Smith C E 105
Smith J I 60
Smyth Sister Kathleen 61
South Carolina State Board for Technical and Comprehensive Education Div of Education Services 148
South John C 187
Sovie Margaret Doe 18
Spikes Frank 61, 148
Stearns Norman S 61
Stein Leonard S 18
Stevens Barbara J 185
Stevens Joyce 61
Stinson S M 107
Stopera Virginia 62
Strother George B 107
Stuart Corinne T 107
Styles M M 108
Swenson Betty 177
Swinford David N 107
Syracuse University Department of Adult Education 108

Tait Emily Adams 62
Tapper Mildred 63
Tarsitano Betty J Patterson 18
Taylor Susan Gebhardt 11, 12
Texas Nurses Association 187
Texas University at San Antonio School of Nursing 108
Texas Univ System School of Nursing 188
Thompson Deborah 55
Thompson Martha A 59
Thurston I H 18
Tibbles L 108
Tobin Helen M 63, 109
Tranbarger Russell E 189
Trussell Patricia M 62

Valentine Nancy M 149
Valish Aurora Ursua 166
Varricchio Dominicio T 154
Verner Coolie 93, 94
Vicker Richard Lee 18
Virginia Commonwealth University School of Nursing 109
Virginia Hospital Association 19

Waller Julian A 151

Washington State Health
Facilities Association 149,
150
Weiner Mary Anne 151
Wendahl Nina 132
Westura Edwin E 65
Wiklinski Barbara 41
Wilson Jennifer Dahlby 64
Wilson Sandra 113
Winder Alvin E 130
Wisconsin University
Extension Department of
Nursing 110
Wisconsin Univ. Extension
Health Sciences Unit 65
Wolf D Heidi 111
Woolley F Ross 20

Yokes Jean A 65

Zerbe M 151

ADDENDUM

Hill Mary S; Gortner Susan R; Scott Jessie M.
Public Health Service, Hyattsville, Md. Div. of Nursing.
Educational Research in Nursing -- An Overview.
0030p 1977 Available NTIS HRP-0900557

A search of the national and international literature during the last ten years shows that nurse researchers and social scientists interested in nursing have given particular attention to studies of program structure, nursing curriculums, the faculty, the learner and the learning process, and educational outcomes. Research regarding nursing education program structure has focused on the types of basic nursing education programs, the costs of education, articulation and mobility within the system, and international trends in programs of nursing. Research in relation to curriculum has centered on curriculum model development and practice in basic nursing education; curriculum modifications, particularly with regard to the movement from a disease-oriented program to a health centered curriculum; instructional technology; and modified curriculum patterns designed to provide career mobility. Research on nursing education faculty has examined the preparation of faculty, the changing role of faculty, and the impact of faculty on students. Student recruitment, selection, retention, and performance in nursing schools continue to be of considerable interest to educational researchers. The only significant research with regard to educational outcomes was a national study conducted by the Federal Government. This study was designed to reassess the state-of-the-art on the prediction of nursing performance; to obtain current information from nursing education programs about prediction criteria in use by them; and to evaluate the relative merits of these predictive criteria through review of the actual performance of graduates of these schools in the first job after graduation.

• U. S. GOVERNMENT PRINTING OFFICE : 1980 311-046/92